



SHOWDOWN OF CHAMPIONS 2009
18th – 20th DECEMBER 2009

KUALA LUMPUR
MALAYSIA

REQUEST FOR ACCREDITATION OF MEDIA REPRESENTATIVE

NOTE: This application must be presented with a letter of assignment, in order to be processed.

(For other requirements and accreditation process, please go to

<http://showdownkl.com/gallery/media-accreditation/>)

PERSONAL DATA

1. Name:

(Family name)

(First name)

2. Place and date of birth:

3. Nationality: _____

4. Passport number: _____

5. Permanent office address

(if different from your organization's headquarters):

Tel (Office) : _____

Tel (Mobile) : _____

Fax: _____

(include country, state/area code if applicable)

E-mail: _____

6. Contact information during the event:

Address: _____

Telephone: _____ **E-mail:** _____

otograph

7. Contact information in case of emergency:

Name : _____

(Family Name)

(First Name)

Relationship: _____

Tel.No (1): _____

Tel.No (2): _____

(include country, state/area code if applicable):

INFORMATION ON THE MEDIA ORGANIZATION YOU REPRESENT

8. Name of organization: _____

9. Contact person and title: _____

10. Headquarters' mailing address:

Telephone: _____ E-mail: _____

Website: _____

12. Type of medium (check as many as necessary):

Daily newspaper

Photo/visual service

Television

News agency/service

Radio

Weekly publication

Other (specify): _____

13. Position:

Cameraperson

Director

Photographer

Reporter

Correspondent

Editor

Producer

Technician

Other (specify): _____

14. Working language(s) of your media organization: _____

15. Your main news topic(s) or field(s) of coverage (if applicable):

Please email your completed forms to Suchithra.Krishnan@g2.com AND Devakhi.Nathan@g2.com or by fax to +603 – 2163 4001. Forms should reach them by 4pm (Malaysian time) on the 15th December 2009.