



REQUEST FOR 2010
EVENT CREDENTIAL

USE ONE FORM PER PASS REQUESTED

**TO BE RETURNED BY FAX TWO WEEKS PRIOR TO THE EVENT
WITH COMPLETE FILE AS IN "D"**

A

PUBLICATION / AGENCY

COUNTRY

ADDRESS

.....

CITY ZIP CODE

TELEPHONE + TELEFAX +

CHIEF/SPORTS EDITOR (please mark accordingly)

TELEPHONE + TELEFAX +

EMAIL

CIRCULATION **READERSHIP**

DAILY WEEKLY MONTHLY OTHER

B

PASS REQUESTED TO ATTEND EVENT

JO PH JO/PH TECH

NAME OF REPRESENTATIVE

TELEPHONE + TELEFAX +

EMAIL

NOTE **C**

FOR AGENCIES, PLEASE LIST MAJOR PUBLICATIONS (MINIMUM 3) SUPPLIED WITH TEXT AND/OR PHOTOS AND SPECIFY CIRCULATION AND FREQUENCY (DAILY, WEEKLY, ETC...):

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.....

D

I HAVE READ AND UNDERSTOOD THE FIA ACCREDITATION CRITERIA AND I ATTEST THAT:

- I HAVE ENCLOSED A FORMAL APPLICATION ON MY AGENCY/PUBLICATION'S OFFICIAL LETTERHEAD, SIGNED BY THE CHIEF EDITOR/SENIOR MEMBER OF EDITORIAL STAFF;
- I HAVE ENCLOSED A PHOTOCOPY OF MY NATIONAL PRESS CARD;
- OUR PUBLICATION IS ON SALE TO THE PUBLIC;
- OUR AGENCY FULFILLS THE CRITERIA OF CIRCULATION AND QUALITY REQUIRED BY THE FIA;
- I HAVE ENCLOSED OUR COVERAGE PUBLISHED FOLLOWING AN EARLIER ACCREDITATION TO AN FIA WORLD TOURING CAR CHAMPIONSHIP EVENT;
- I HAVE ENCLOSED OUR COVERAGE PLANNED FOLLOWING OUR ACCREDITATION TO A 2009 FIA WORLD TOURING CAR CHAMPIONSHIP EVENT;

Signed Date

Title

APPLICATIONS WHICH ARE LATE OR INCOMPLETE MAY NOT BE CONSIDERED.

ACCREDITATION OFFICE USE ONLY - DO NOT FILL IN THIS PART

RECEIVED ON

PASS ALLOCATED YES NO

COMPLETE FILE YES NO

FILES MUST BE RECEIVED NO LATER THAN TWO WEEKS PRIOR TO THE EVENT BY FAX TO:

FIA – WTCC PRESS DELEGATE, Fabio Ravaioli

Tel: +39 06 39729497, fax: +39 06 39729470

Email: media@fiawtcc.com