

**SECRETARIAT GENERAL OF MEDIA
AND COMMUNICATION
PUBLIC RELATIONS DIRECTORATE**

PLS ATTACH TWO PHOTOS & CV

ACCREDITATION FORM
(Please use block letters)

FIRST NAME:		LAST NAME:	
FATHER'S NAME:			
PLACE / DATE OF BIRTH:			
NATIONALITY:			
MARITAL STATUS:			
Single	<input type="checkbox"/>		
Married	<input type="checkbox"/>		
Divorced	<input type="checkbox"/>		
Children	<input type="checkbox"/>		
PASSPORT #:			
Expiry date:			
PERMANENT ADDRESS:			
ADDRESS IN GREECE:			
Mobile:		Email address:	
LANGUAGES SPOKEN:			
QUALIFICATION:			
Journalist:	<input type="checkbox"/>		
Photographer:	<input type="checkbox"/>		
Cameraperson:	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		
PRESS CARD NUMBER:			
REPRESENTED MEDIA:			
Agency:	<input type="checkbox"/>		
Newspaper:	<input type="checkbox"/>		
TV:	<input type="checkbox"/>		
Radio:	<input type="checkbox"/>		
Magazine:	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		
Name/Title:			
Headquarters' Address:			
Tel.:		Email address:	
GREEK RESIDENCE PERMIT:			
No:			
Date of Issue:			
Expiry Date:			
Date:			
Signature:			