



MEDIA Accreditation Form

(To be completed by the PCO)	Receipt Date:	Reg. Nr:	
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Please fill in this accreditation form in CAPITAL LETTERS and tick where appropriate. This accreditation form is for one journalist only. Mandatory fields are indicated with an asterisk (*). Please revert the form by fax, or e-mail to the Conference Organiser:

C&C International Group of Companies
 1A Pierias St., 144 51 Athens, Greece
 Tel: +30 210 68.89.130, Fax: +30 210 68.44.777
 E-mail: register-summit@candc-group.com

I. PERSONAL INFORMATION

Family name*:	First name*:	
Nationality*:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Phone:		
Mobile Phone:	Email Address*:	

II. MEDIUM (Newspaper, TV Channel, RADIO Channel, Internet Media, Other)

Media*:	
Title*:	
Address*:	Post Code*:
City*:	Country*:
Telephone*:	Email Address:

III. REGISTRATIONS

Registration Period:	Late registrations From 04/04 Until 28/04/2009	On-site registrations From 12/05 Until 13/05/09
MEDIA Rate:	COMPLIMENTARY	

MEDIA ACCREDITATION ENTITLEMENTS: Attendance to all sessions, participation in the Summit, coffee breaks, light lunches, Press Kit.

IV. ACCREDITATION PROCEDURE

The confirmation for your accreditation will be sent within 2 working days after having received the accreditation form duly filled in. Please attach a **valid** journalist ID or official certification from the medium you work for. This has to be presented at the Summit Secretariat upon arrival. In any other case entrance to the Summit is allowed only by paying the relevant registration fee.
PLEASE ATTACH PHOTOCOPY OF YOUR MEDIA ID CARD

"The Organisers of the "Athens Summit 2009" reserve the right at any time to change the program or to cancel or postpone the Summit. In the event of cancellation or postponement, their liability is limited to refunding any registration fee already paid. The Organisers will notify registered participants at the address shown on their registration form of any decision to cancel or postpone. The Organisers strongly recommend attendees to take out their own insurance against any losses arising from cancellation or postponement of the Summit or the inability of a participant to attend for any reason whatsoever, and they accept no liability for any loss or damage suffered by any participant or accompanying person or other person whatsoever."
It should be noted that the data given in this form will not be disclosed to any third parties who are not directly involved in the organisation of the "Athens Summit 2009" nor will it be publicised in any other way.

I hereby confirm that I have read and understood the accreditation terms, which I accept without any reservations.

Date.....

Signature.....

(Please do not type your name. Original signature is required.)