



PRESS ACCREDITATION FORM

FIRST NAME.....

LAST NAME.....

ADDRESS.....

.....

COUNTRY..... CITY

PHONE FAX E-MAIL

NAME OF THE MEDIA ORGANIZATION

WEBSITE

POSITION

PRESS CARD NUMBER

PROOF OF PUBLICATION

Please send us 2 (two) supporting documents, published within the past 3 months

MEDIA TYPE

(Please tick the corresponding case.)

☐ PRINT ☐ TV ☐ WEB TV ☐ RADIO

☐ PRESS AGENCY ☐ PHOTO AGENCY ☐ ONLINE MEDIA

☐ OTHER TYPE

APPEARANCE RATE

☐ DAILY ☐ WEEKLY ☐ MONTHLY

☐ OTHER

PRINT DETAILS

CIRCULATION

ONLINE MEDIA DETAILS

PAGE VIEWS

UNIQUE VISITORS

TV & RADIO SHOW DETAILS

NAME OF THE SHOW

DURATION

STARTING HOUR

PRODUCER CHIEF EDITOR

CHIEF EDITOR'S SIGNATURE STAMP

Please submit completed, signed and stamped accreditation form by e-mail at:
media@mosaicevents.ro