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Media accreditation CAMPIONATI ITALIANI ESTIVI DI CATEGORIA							
ROMA, 7-13 AGOSTO 2015							
Mr	Mrs	Name	Surname				
Country				Date of birth			
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Tel. n.				Fax n.	Fax n.		
Mobile				e-mail	e-mail		
Media	Daily Newspaper		Press Agency	Magazine	Internet Website		
	Radio		TV	Photo Agei	ncy Freelance		
Name of the company							
Business address							
Function	Function Journalist		Photographer	TV Comme	TV Commentator		
	Radio	o Commentator	Technician	Other			
Professional card (type & number)			AIPS number (If applicable)		Need the press center		

## The Press Center will be equipped with wireless connection

I agree to the treatment of my personal details above provided, with reference to the Italian DLG No. 196/2003.

Date\_\_\_\_\_

Signature\_\_\_\_\_

## Please, send this form by mail to: stampa@federnuoto.it