



Akkreditierungsformular

*Firma/Company

*Nachname Pressevertreter*in/Surname representative of the press

*Vorname Pressevertreter*in/First name representative of the press

Geburtsdatum Pressevertreter*in/Date of birth representative of the press

*Presseausweisnummer/Press card number

*Anschrift/Permanent address

*E-Mail/ e-mail

*Tätigkeit während des ViFest! als/ *Working during the ViFest! as:

- | | |
|---|---|
| <input type="checkbox"/> Journalist/journalist | <input type="checkbox"/> Fotograf/photographer |
| <input type="checkbox"/> Redakteur/copy editor | <input type="checkbox"/> TV Kamerateam/TV camera crew |
| <input type="checkbox"/> Sonstiges/other: _____ | |

*Datum/date:

*Unterschrift/signature:

Einsenden an: presse@vifest.de

*Pflichtangabe/mandatory information

