**Personal Data**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Date of Birth |  |
| Nationality |  |
| Mailing Address |  |
| Zip Code |  |
| Town/City |  |
| Country |  |
| Email Address |  |
| Phone Number (Incl. Country Code) |  |
| Fax (Incl. Country Code) |  |
| Mobile Phone (Incl. Country Code) |  |
| Organization Name |  |
| Position Within the Organization |  |

**Please mark ONE of the following to best describe your Organization:**

|  |  |
| --- | --- |
| Written press or news agency | Radio/Rights Holder |
| TV/Host Broadcaster | Radio/Non Rights Holder |
| TV/Rights Holder | Photographer |
| TV/Non Rights Holder | Freelancer |

**Photograph Requirements: Photographs will be taken at the Accreditation Center upon arrival.**

**FOR OFFICIAL USE ONLY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED Y □ N □**

**APPROVED BY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EUBC Press Office – Italia Boxing Team Press Office

Please Fill it up and send it back to the following e-mail address – Deadline July 30th 2017

ufficiostampa@fpi.it