MEDIA ACCREDITATION FORM 29th International Conference of Data Protection and Privacy Commissioners



Members of the media who return this completed accreditation form will be issued accreditation badges for the conference.

Surname		Given Nam	е	
Country		Date of arri	val	
Media Agency Name				
Position with Agency		O staff	O freelancer	
Business address				
Telephone		Cellular/ Mo	obile	
Fax		E-mail		
Category O journalist O photographer O other (please specify)		O camera po	erson	O technician
Type of Media Agency O print O rac O Internet media (please		O television		O newswire
	·			**
Date	Director / Editor	(Please print) Signature	
Date	Signature of applicant **			

- * Freelance media must be sponsored by a recognized news agency and provide a letter of assignment.
- ** If you are returning this information by e-mail, please fax your signature to the number noted below.

The information has been requested on a voluntary basis and will be used to determine whether or not you are eligible to obtain accreditation. The information requested is essential for making a decision concerning your accreditation and should you refuse to respond, accreditation will not be granted. You may request access to the information provided under Section 12(1) of the Privacy Act. http://privcom.gc.ca/legislation/02_07_01_01_e.asp

RETURN TO:

Sheena Pennie Conference Director Office of the Privacy Commissioner of Canada

Fax: (613) 995-1139

Email: spennie@privcom.gc.ca