

**SPECIAL SESSION OF THE GENERAL ASSEMBLY
FOR AN OVERALL REVIEW AND APPRAISAL
OF THE IMPLEMENTATION OF THE
HABITAT AGENDA – ISTANBUL +5
New York, 6-8 June 2001**

PROCEDURES TO APPLY FOR MEDIA ACCREDITATION

Bona fide representatives of the mass media -- press, photo, radio, television and film -- will be accredited for coverage of the SPECIAL SESSION OF THE GENERAL ASSEMBLY FOR AN OVERALL REVIEW AND APPRAISAL OF THE IMPLEMENTATION OF THE HABITAT AGENDA – ISTANBUL +5, to be held in New York, 6-8 June 2001.

Completed application forms, together with a letter of assignment on official letterhead from the Editor or Bureau Chief, should be sent to:

UNITED NATIONS
Media Accreditation and Liaison Unit
Department of Public Information
Room S-250
New York, NY 10017, U.S.A.
Fax: (+1-212) 963-4642

No acknowledgement will be mailed to you. If you have applied by mail, passes will be issued at the above address upon presentation of two forms of photo ID (passport, official national press pass, driver's license, work ID, etc.).

If you are applying at the Special Session site for the first time, you should complete an application form, present a letter of assignment and two forms of photo ID.

PLEASE NOTE: Application forms will be considered only if accompanied by a letter of assignment. Accreditation is free of charge. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

For more information on the Special Session please visit the United Nations website at www.unchs.org/Istanbul+5



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REQUEST FOR ACCREDITATION OF MEDIA REPRESENTATIVES

Note: This application must be presented with a letter of assignment, in order to be processed.

PERSONAL DATA

1. Name: _____
(Family name) (First name)
2. Place and date of birth: _____
3. Nationality: _____ 4. Passport number: _____
5. Permanent office address (if different from your organization's headquarters): _____

- Telephone: _____ Fax: _____ E-mail: _____

6. For contact during the Special Session:
Address: _____
Telephone: _____ Fax: _____ E-mail: _____

DATA ON THE MEDIA ORGANIZATION YOU REPRESENT

7. Name of organization: _____
8. Contact person and title: _____
9. Headquarters mailing address: _____
Telephone: _____ Fax: _____ E-mail: _____
10. Status/Ownership:
- | | |
|---|---|
| <input type="checkbox"/> Education/Public | <input type="checkbox"/> Government/State |
| <input type="checkbox"/> Private | <input type="checkbox"/> Other (specify): _____ |
11. Type of medium (check as many as necessary):
- | | | |
|---|---|---|
| <input type="checkbox"/> Daily Newspaper | <input type="checkbox"/> Radio | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> News agency/service | <input type="checkbox"/> Television | _____ |
| <input type="checkbox"/> Photo/visual service | <input type="checkbox"/> Weekly publication | _____ |
12. Position:
- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Cameraperson | <input type="checkbox"/> Editor | <input type="checkbox"/> Reporter |
| <input type="checkbox"/> Correspondent | <input type="checkbox"/> Photographer | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Director | <input type="checkbox"/> Producer | <input type="checkbox"/> Other (specify): _____ |
13. Working language(s) of your media organization: _____
14. Your main news topic(s) or field(s) of coverage (if applicable): _____
