

PRESS ACCREDITATION FORM

Part A: Organization Details

Name of Organizat	tion: _						
Address:							
	Fax:		E-Mail:				
Website Address:_							
Media Type	:	□ Newspa	aper	☐ Sports Newspaper ☐ General Magazine			
		☐ Sports N	Magazine	□ Press	Agency	☐ Television	
		☐ Radio		☐ Other	:		
Published / On Air	:	□ Daily	□ Week	ly 🗆 N	lonthly	□ Other:	
Language(s)	:	☐ English	☐ Chine	ese 🗆 C	Others: _		
Reach	:	□ Internat	ional	□ Natio	nal	☐ Regional	
Part B: Application's I Last Name:					Name:		
HKID or Travel Document No:							
						E-Mail:	
Function: ☐ Reporter ☐ Photographer ☐ Commentator ☐ TV Crew ☐ Other:							
[<u> </u>							
Please complete this form and return to Hong Kong Table Tennis Association							
by fax or email on or before 27 July 2011							
Enquiry							
Tel: (85	52) 25 [°]	75 5330 Fa	ax: (852) 28	338 9233	Email: h	nktta@netvigator.com	

























