



## Media Accreditation Form

**Name of Organization** : \_\_\_\_\_

**Type of Media:**

- |                                    |  |   |                                 |
|------------------------------------|--|---|---------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Electronic (TV/Radio) | <input type="checkbox"/> Online                     | <input type="checkbox"/> Agency |
| <input type="checkbox"/> Magazine  | <input type="checkbox"/> Government            | <input type="checkbox"/> Others (pls specify) _____ |                                 |

**Published / On Air:**

- |                                |                                 |                                  |
|--------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
|--------------------------------|---------------------------------|----------------------------------|

**Languages:**

- |                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese | <input type="checkbox"/> Others (pls specify) _____ |
|----------------------------------|----------------------------------|---|

**Location of Media:**

- |                                    |                                |   |
|------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Hong Kong | <input type="checkbox"/> China | <input type="checkbox"/> Overseas (pls specify) _____ |
|------------------------------------|--------------------------------|---|

**Name of Supervisor** : \_\_\_\_\_ **Title of Supervisor** : \_\_\_\_\_

**Contact Number** : \_\_\_\_\_ **Contact Email** : \_\_\_\_\_

**Website** : \_\_\_\_\_

Details of Attendants:					
No.	First Name	Last Name	Mobile No.	Email	Function
1.					
2.					

**Authorized Signature & Company Chop**

**Remarks:**

- Accreditation will be subject to the approval of the organizing committee which reserves the right to accept or refuse any application without assigning any reasons.
- Please complete this form and return to Hong Kong Table Tennis Association by fax / email on or before **4 July 2016**.

**Enquiry:**

Tel: (852) 2575 5330

Fax: (852) 2838 9233

Email: [hkta@netvigator.com](mailto:hkta@netvigator.com)

