Media Accreditation Request



Media guide
Ronse 2025

Country: …………………………………….. Code: ……………………………….

LAST NAME, first name: ……………………………………………………………………………….

Adress: …………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………..

|  |  |
| --- | --- |
| Press Card type and number |  |
| Date of Birth |  |
| Mobile phone |  |
| E-mail |  |
| Media |  |
| Website |  |
| Type of media |  |

**Only freelance reporters/photographers or media agencies with confirmed media clients will be assessed for accreditation.**
Freelancers must provide the following details of their media client(s):

|  |  |
| --- | --- |
| Name Media Client(s) |  |
| Phone Media Client(s) |  |
| E-mail Media Client(s) |  |

To support this application, attach the following documents:

* **A copy of your valid press card**
* **Signed assignment letter from media client**, signed by editor in chief or equivalent. Telephone number and email address to editor in chief or equivalent must be provided.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 27.08.2025 | 28.08.2025 | 29.08/2025 | 30.08.2025 | 31.08.2025 |
| YES/NO | YES/NO | YES/NO | YES/NO | YES/NO |

Date: …………………………………… Signature: ……………………………………

Please return this form to by e-mail press@ronse2025.com **before the 18th of August**