



4th Session of Islamic Conference of

Youth and Sports Ministers

17-19 April, 2018

Baku, the Republic of Azerbaijan

MEDIA REGISTRATION FORM

Full Name of the Media Representative		Title/Position	E-mail & Mobile Number	Flight info:	Date	Time	Flight No.
1.				Arrival			
				Departure			
Full Names of the Members of Media Delegation		Titles/Positions	E-mails & Mobile Numbers	Flight info:	Date	Time	
1.				Arrival			
				Departure			
2.				Arrival			
				Departure			

Company Name:	
Name of Media (If different from Company Name):	
Company's Telephone/Fax:	
Company's Email:	
Company's Address:	
Company's Website:	
Media Category	
<input type="checkbox"/> Newspaper (National/Regional)* <input type="checkbox"/> Magazine (N/R)* <input type="checkbox"/> News Agency (N/R)* <input type="checkbox"/> Scientific Journal (N/R)* <input type="checkbox"/> Radio (N/R)* <input type="checkbox"/> TV (N/R)* <input type="checkbox"/> Website <input type="checkbox"/> Other (please specify).....	

*Please indicate whether you are National (N) or Regional (R) media in your own country
Area: News/ Science/ Research & Development/ Health/ Other (please specify).....

** Please kindly attach a copy of your Press card(s) and Passport copy(s) to the filled registration form

Name, Surname and Position of the person filling in this form: _____

Signature: _____

To be submitted to: icysm4@icysm.org