

MEDIA ACCREDITATION FORM - 2019

1. COMPANY

PUBLISHING COMPANY NAME: _____

PUBLICATION NAME: _____ COUNTRY _____

ADDRESS: STREET: _____

CITY: _____ POST CODE _____

COUNTRY: _____

PHONE: _____

(Include area code)

E-MAIL:

WEB:

PUBLICATION: NEWSPAPER MAGAZINE FREE PUBLIC. RADIO

NEWS AGENCY PHOTO AGENCY OTHER:

TYPE: GENERAL SPORTS MOTORSPORTS

BIKES OTHER

2. PERSONAL DETAILS

NAME: SURNAME:

CATEGORY: JOURNALIST PHOTOGRAPHER CAMERA (prior the circuit approval)

BIRTH DATE: NATIONALITY:

ADDRESS: STREET:

CITY: POST CODE: COUNTRY:

PHONE: MOBILE:

FAX: E-MAIL:-

THIS APPLICATION FORM SHOULD BE SENT BY EMAIL TO:

abdulaziz@qmmf.com.qa

manoj@qmmf.com.qa

Qatar Motor & Motorcycle Federation

Al Lusail Sports Arena

P.O. Box 8708 Doha, Qatar

Tel: +974 4437 9885 | Fax no: +974 4437 9732