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GOLDEN APRICOT

III YEREVAN INTERNATIONAL FILM FESTIVAL

GOLDEN APRICOT

July 10-15, 2006

PRESS ACCREDITATION REQUEST

NAME, FIRST NAME _____

PERSONAL ADDRESS _____

COUNTRY _____ CITY _____

TEL _____ FAX _____ E-MAIL _____

NAME OF MASS-MEDIA COMPANY _____

PROFESSIONAL ADDRESS _____

COUNTRY _____ CITY _____

TEL _____ FAX _____ E-MAIL _____

ANOTHER MASS-MEDIA COMPANY YOU WORK FOR (IF ANY) _____

POSITION EDITOR-IN-CHIEF CRITIC REPORTER

(PLACE A CHECK IN THE BOX ☒) CAMERAMAN ASSISTANT PHOTO-CORRESPONDENT

IF OTHER, PLEASE, SPECIFY THE POSITION _____

TYPE OF MASS MEDIA WRITTEN PRESS TELEVISION RADIO

(PLACE A CHECK IN THE BOX ☒) PRESS AGENCY PHOTO AGENCY

OTHER _____

OTHER DAILY WEEKLY MONTHLY CIRCULATION _____

FOR TV AND RADIO

PERIODICITY _____ BROADCASTING TIME _____

PRODUCER _____ EDITOR-IN-CHIEF _____

HOTEL RESERVATION (IF REQUIRED) _____

DATES OF:

ARRIVAL _____ DEPARTURE _____ JUNE 2003

EDITOR-IN-CHIEF _____ COMPANY STAMP

Whether you wish to receive information dispatch on the specified electronic address? _____

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