



Accreditation application

Firm-Publication-Agency: _____

Special representatives: _____

Surname and first name	Position	Press card No. (attach photocopy)
_____	_____	_____

Car - Make	Registration No.
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Driver(s)	Licence number
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Motorcycle - Make	Registration No.
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Driver(s)	Licence number
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Press room:

No. of places required: _____

Transmission media required:	-Telephone	yes/no
	-Fax	yes/no
	-Internet acces point	yes/no

Date + signature: _____

Information regarding our event is to be sent to the following adress:

Klaas De Gruyter, info@kattekoers.be

Deadline: 25/06

Questionnaire to be returned no later than: 25/06