



HEADQUARTERS RESOLUTE SUPPORT
Public Affairs
APO AE 09356



MEDIA REGISTRATION FORM¹

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|---|--|--|--------------------------------|--------------|-----------------|
| Last Name: Nom de famille: | | Blood type: | | | |
| First Name: Prénom: | | Passport No: Numero passport: | | | |
| Profession: Profession: | | Nationality: Nationalite: | | | |
| Agency Details (in full): | | | | | |
| Business Address/ Adresse d'Agence: | | | | | |
| Street & Number: Rue et No: | | Postal Code: Code Postal: | | | |
| City: | | Country: | | | |
| Phone: | | Fax: | | | |
| Mobile: | | E-mail: | | | |
| Mark your type of media activity: Mettez une croix dans vos activités medias: | | Television Télévision | Print Imprimé | Radio | Internet |
| Date(s) of your visit: Date(s) de votre visite: | | | | | |
| Remarks: Remarques: | | | | | |
| <i>The data obtained with this registration is only for NATO and Partnership for Peace (PFP) Public Information purposes.</i> | | | | | |
| <i>Les données obtenues par ce questionnaire sont uniquement pour le but des Relations Publiques du PFP et de l'OTAN.</i> | | | | | |

¹ Please provide as much detail as possible.