

Application form for press accreditation



Please, fill this form in entirely and send it back to:
e-mail address: stampa.gsdomus@gmail.com

Gruppo Sportivo Domus
via Maestri del Lavoro, 19/21
24020 Gorle (BG)
Tel. +39 035.4536705
Fax. +39 035.4720901

Date _____

Name: _____ Surname: _____

Birth date: _____ Nationality: _____

Card Order n°: _____ Mobile: _____

Phone: _____ Fax: _____

E-mail address: _____

Address: _____

Town _____ Prov. _____ Country _____

Class: Journalist Photographer Radio-tv operator

Herewith, I require to be accredited to **42^a Settimana Ciclistica Lombarda by Bergamasca**
from 4 September to 7 September 2013.

Information related to the head:

Media represented (please, if freelance indicate collaborations):

- Press Agency Daily Periodical
 Radio Television Web Photo Agency

Name of the principal head represented: _____

Address: _____ E-mail: _____

Town: _____ Prov: _____ Country: _____

Phone: _____ Fax: _____

Other media represented: _____

N.B. - Due to organizing reasons, all journalists are kindly requested to send this application form of press accreditation on time, before the beginning of the event. The press accreditation may be withdrawn on Wednesday 4 September from 3 to 5 p.m. during the accreditation time at the Municipality of Bergamo, in Matteotti Square. Anyhow press accreditations may be withdrawn before the start of any stage.

Yes, I agree to the processing of my personal data in compliance with legal regulations concerning privacy

Press Office: **Giorgio Torre**

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