



Media Accreditation Request Form

Name	_____
Company	_____
Street	_____
Postal Code	_____ City _____
Country	_____
Phone	_____ Fax _____
Mobile	_____
Email	_____
Website	_____

I represent

- Newspaper/Weekly Newspaper/Magazine
Please name :
- TV/Radio Please name :
- Website Please name :
- Photo Other : _____

Comments/Requests:

<input type="checkbox"/> The event will be broadcast	Date: _____
<input type="checkbox"/> A post-event report is planned	Date: _____

<input type="checkbox"/> Please send me an accommodation help form
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Please fill in form and email post to the addresses below:

Saas-Fee Ride 09
Press Office
Hotel Dom
Saas-Fee 3906
Switzerland

Phone: +41 79 359 6566

Email: press@saasfeeride.com
www.saasfeeride.com