



APPLICATION FORM FOR JOURNALISTS

Name:

Surname:

Address:

Country:

E-MAIL:

Phone number:

**PLEASE SUBMIT THE APPLICATION FOR JOURNALIST ACCREDITATION TO
pisarna@kinoloska.si NO LATER THAN 15 September 2024.**

I REPRESENT A MEDIA ORGANIZATION/HOUSE:

Name:

Address:

Country:

VAT number:



Name of authorized representative:

Phone number of authorized representative:

E-MAIL authorized representative:

I, the undersigned, guarantee the accuracy of the information provided on this form and agree to the processing of my personal data in accordance with the GDPR regulation:
<https://eur-lex.europa.eu/legal-content/SL/TXT/?uri=CELEX%3A32016R0679>

Place/Date:

Signature:

Stamp:

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pisarna@kinoloska.si NO LATER THAN 15 September 2024.**