

**The Fourth Session of the Conference of the Parties of the
United Nations Framework Convention on Climate Change – COP 4
Buenos Aires, Argentina, 2 - 13 November 1998**

PROCEDURES TO APPLY FOR MEDIA ACCREDITATION

Bona fide representatives of the mass media -- press, photo, radio, television and film -- will be accredited for coverage of COP 4, to be held at the *Centro de Exposiciones del Gobierno de la Ciudad de Buenos Aires* in Buenos Aires, Argentina, from 2-13 November 1998. To avoid delays upon arrival at the Conference, please submit the form on the back together with a letter of assignment from your Editor/Bureau Chief and a photocopy of your valid professional press card to:

Mr. Axel Wüstenhagen, Media Coordinator, COP 4

Centro de Exposiciones, Buenos Aires, Argentina
Tel. (541) 809-4200, Fax: (+541) 809-4201, E-mail: awuestenhagen@uno.de

Please note that no double accreditation for different capacities is allowed (e.g. press and delegate or press and NGO delegate).

Press passes can be picked up at the media accreditation counter located at the Press Entrance, *Centro de Exposiciones*, starting from 30 October 1998 at 9:00 a.m., upon presentation of two forms of photo ID (passport, official national press pass, driver's license, work ID, etc.) or of a photo press pass from the United Nations in New York, Geneva, Vienna, or Nairobi.

Please note that journalists accredited to cover the meetings should make their own travel and hotel bookings. For **hotel reservations**, journalists may wish to contact:

Congresos Internacionales S.A.
Tel. (+54-1) 342 3216, Fax: (+54-1) 331 0223, 334 3811
E-mail: conginte@mbox.servicenet.com.ar

For press releases and other **information on the Conference**, please contact:

Mr. Michael Williams, Conference Spokesperson,
Centro de Exposiciones, Buenos Aires, Argentina
Tel. (541) 809-4200, Fax: (541) 809-4201, E-mail: mwilliams@unep.ch
or visit the UNFCCC website at <http://www.unfccc.de> or <http://www.unfccc.de>



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United Nations Framework Convention on Climate Change
2 - 13 November 1998, Buenos Aires, Argentina**

REQUEST FOR ACCREDITATION OF MEDIA REPRESENTATIVES

PERSONAL DATA

(Please type or print clearly)

1. Name: _____
(Family name) *(First name)*
2. Date of birth: _____ 3. Place of birth: _____
4. Nationality: _____ 5. Passport number: _____
6. Permanent office address *(if different from your organization's headquarters):* _____
7. Tel.: (____) _____ 8. Fax: (____) _____ 9. E-mail: _____
10. Contact address during the Conference: _____
11. Tel.: (____) _____ 12. Fax: (____) _____ 13. E-mail: _____

DATA ON THE MEDIA ORGANIZATION YOU REPRESENT

14. Name of organization: _____
15. Contact person and title: _____
16. Headquarters' mailing address: _____
17. Tel.: (____) _____ 18. Fax: (____) _____ 19. E-Mail: _____
20. Status/Ownership:
- | | |
|---|---|
| <input type="checkbox"/> Educational/Public | <input type="checkbox"/> Government/State |
| <input type="checkbox"/> Private | <input type="checkbox"/> Other (specify): _____ |
21. Type of medium *(check as many as necessary):*
- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Daily newspaper | <input type="checkbox"/> Photo/visual | <input type="checkbox"/> Television |
| <input type="checkbox"/> News agency/service | <input type="checkbox"/> Radio | <input type="checkbox"/> Weekly publication |
| <input type="checkbox"/> Other (specify): _____ | | |
22. Position:
- | | | | |
|---|-----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cameraperson | <input type="checkbox"/> Director | <input type="checkbox"/> Photographer | <input type="checkbox"/> Reporter |
| <input type="checkbox"/> Correspondent | <input type="checkbox"/> Editor | <input type="checkbox"/> Producer | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Other (specify): _____ | | | |
23. Working language(s) of your media organization: _____
24. Your main news topic(s) or field(s) of coverage *(if applicable):* _____

Date: _____ Signature: _____