



**XII<sup>e</sup> SOMMET  
DE LA FRANCOPHONIE**  
Ville de Québec - 2008



**INTERNAL USE ONLY**

Numéro d'inscription

Accès aux zones

Photograph

(Please print your name and date of birth on the back of the photograph.)

50 mm X 70 mm

# Canadian Media

**Accreditation form**  
*Please print in block letters*  
*All blocks must be completed*

## 1- PRESS AGENCY

Complete name of press agency
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## 2- PERSONAL INFORMATION

Surname		Surname at birth		
Given 1	Given 2	Given 3	Given 4	
Date of birth (year/month/day)	Country of birth	Province-State	City of birth	
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Eyes	Height cm ft in	Weight kg lb	Hair
Citizenship Present <input type="checkbox"/> Previous <input type="checkbox"/>		For persons born outside of Canada, give city and date of entry in Canada		
If not canadian do you have a permanent resident status? Yes <input type="checkbox"/> No <input type="checkbox"/>		City	Year/month	

## 3- NAME APPEARING ON THE BADGE

(Name as you wish it to appear on badge)

Surname	Given name
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## 4- INFORMATION - OFFICIAL DOCUMENT

CHECK OFF ONE OF THE FIVE DOCUMENTS LISTED BELOW AND PROVIDE THE INFORMATION REQUESTED. **ONLY ONE DOCUMENT IS REQUIRED.**

	<input type="checkbox"/>	DOCUMENT NAME	Document number	Issuing country and province	Expiry date (year/month/day)
1	<input type="checkbox"/>	Driver's licence			
2	<input type="checkbox"/>	Passport			
3	<input type="checkbox"/>	Health card			
4	<input type="checkbox"/>	Permanent Resident Card			
5	<input type="checkbox"/>	Certificate of Indian Status			

## 5- RESIDENCE

(Over the last 3 years. If more than three addresses, use back of form.)

Apt. no	Street number	Street name	From (year/month)	To (year/month)
City		Province-State	Country	Postal code
Apt. no	Street number	Street name	From (year/month)	To (year/month)
City		Province-State	Country	Postal code
Apt. no	Street number	Street name	From (year/month)	To (year/month)
City		Province-State	Country	Postal code

## 6- CURRENT EMPLOYMENT

Name of employer			Since (year/month)	
Apt. no	Street number	Street name	City	Postal code
Province-State		Country	Job title - Description	

Employer phone number	
Area code	Number
<b>Category</b> <input type="checkbox"/> Journalist <input type="checkbox"/> Cameraman <input type="checkbox"/> Photograph <input type="checkbox"/> Technician <input type="checkbox"/> Other specify:	
<b>Type of agency</b> <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Transmission Agency <input type="checkbox"/> Other specify:	
<b>Will you be using wireless equipments during the summit, other than cellphones?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes: Brand: _____ Model: _____ Frequency: _____	
TV standard used at the International Broadcast Center will be NTSC. Some services using other standards will be available upon request. What TV standard will <u>your team</u> be using during the event? <input type="checkbox"/> HD / 1080i <input type="checkbox"/> HD <input type="checkbox"/> NTSC <input type="checkbox"/> PAL <input type="checkbox"/> SECAM <input type="checkbox"/> 4 :3 <input type="checkbox"/> 16 :9      Note :	

**IMPORTANT**  
 The accreditation form, together with a copy of your professional card or a letter from a manager of a recognized media organization confirming the assignment, must be sent to:  
 Secrétariat d'organisation du XII<sup>e</sup> Sommet de la Francophonie  
 P.O. Box 430  
 Haute-Ville, Québec City, Québec, Canada G1R 4R5  
 Fax: 1-418-649-8909  
 Email: [accreditation@francophoniequebec2008.qc.ca](mailto:accreditation@francophoniequebec2008.qc.ca)

**Extra space**

**Accreditation Applicant**

The Secrétariat d'organisation du XII<sup>e</sup> Sommet de la Francophonie is collecting personal information in the context of the accreditation process for the summit. The information provided in this part will be shared by the Secrétariat d'organisation with the Royal Canadian Mounted Police (RCMP) to make the required determination on the ability to access various secure zones and official venues of the summit. This information is collected under the authority of the Royal Canadian Mounted Police Act, R.S.C. 1985, c. R-10 and the Royal Canadian Mounted Police Regulations, 1988, SOR/88-361. The information requested is essential for making the above determination and, should it not be provided, accreditation will not be granted. The information gathered will be stored by the RCMP in Personal Information Bank CMP PPU 060, may be shared with other Government of Canada institutions and may be disclosed pursuant to the Privacy Act, R.S.C. 1985, c. P-21. Under this Act, individuals have the right to protection of, access to and correction of their personal information. More specific information can be found at [www.infosource.qc.ca](http://www.infosource.qc.ca).

**Declaration**

I, the undersigned, hereby declare that the information provided in this form is accurate, up-to-date and complete. I also consent to the personal information being collected, shared and used for the above purposes.

Name	Signature	Internal use only				
Telephone number Including regional code	Date	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Signature d'autorisation - COM</td> <td style="width: 30%;">Date</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Signature d'autorisation - COM	Date		
Signature d'autorisation - COM	Date					
Email						

INTERNAL USE ONLY	
Signature de l'agent d'accréditation THA	Date