



**MOTO CLUB
«A. Fagioli»
CINGOLI**



PRESS ACCREDITATION

First / last name : _____

N° of press card : _____ N° Moto Club card : _____

Personal street address : _____

Zip code, city : _____

Country: _____

Identity card or Passport N° : _____

Facebook profile:

Instagram Profile:

Media / Office: _____

Function: journalist photographer Freelance photographer Tv Cameraman
 Web Magazine Press Officer Editor Other, please specify.....

About Your publication: Newspaper Magazine Webpage Media Agency TV
 Professional Magazine

Estimated audience _____ daily weekly monthly

Special equipment / technics: _____

Media street address : _____

Zip code, city : _____ Country : _____

Date of birth : _____

Tel. of Editorial office: _____ Your mobile tel.: _____

Fax: _____

Personal Email address: _____

Media Email address : _____

Do you need to work in press room during the event? yes no

Do you need to go inside the truck during the event? yes no

When you'll publish you articles and pictures, or edit your video? _____

Would you like to receive our press releases: yes not

*I accept the responsibility attached to a press accreditation and I assume the consequences and the danger of the access to the sectors without paying attention to signals, current rules or marshalls advice.
*This entry form ask you all these informations for reasons of safety. Drone will not be admitted over the track.

Date: _____ **Signature:** _____

Please send back this entry form to: fmiquad@gmail.com

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