



## CONVENTION ON BIOLOGICAL DIVERSITY

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### Sixth meeting of the Subsidiary Body on Scientific, Technical and Technological Advise (SBSTTA) to the Convention on Biological Diversity

**Montreal, Quebec, Canada, 12 – 16 March 2001**

#### **PROCEDURES FOR MEDIA ACCREDITATION**

Only bona fide representatives of the mass media – press, photo, radio, television, and film – will be accredited to cover this meeting at ICAO (International Civil Aviation Organisation) 999 Av. University, Montreal, Canada. To avoid delays upon arrival at the conference, please submit the form on the reverse side together with a letter of assignment from your Editor/Bureau Chief and a photocopy of your valid professional press card to:

Secretariat of the Convention on Biological Diversity  
393, St. Jacques Suite 300  
Montreal, PQ H2Y 1N9

Tel.: +(514) 288-2220, Fax: +(514) 288-6588, E-mail: [secretariat@biodiv.org](mailto:secretariat@biodiv.org)

It is also possible to register **on-site**. Note that no double accreditation is allowed (e.g. as press and delegate, or as press and NGO).

Press passes can be picked up at the registration counter upon presentation of two forms an ID (passport, official national press pass, driver's license, work ID, etc.) or of a photo press pass.

Please note that journalists accredited to cover the meetings should make their own travel and hotel bookings.

For press releases and other information on the Conference, please contact the Secretariat at the above coordinates or visit [www.biodiv.org](http://www.biodiv.org).



CBD



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the Convention on Biological Diversity  
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**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: \_\_\_\_\_

