



10-12 OCTOBER 2011

PRESS REGISTRATION FORM

Please return this form to **Virginie Zeghdar** :
Fax : +377 93 30 36 49
Email : virginie@igaming-monaco.com
Required : Copy of your Press Card

Ms Mr Mrs

Last Name _____ First Name _____

Job Title _____ Press Card N° (mandatory) _____

Name of Publication _____

Address _____

Zip Code _____ City _____

State _____ Country _____

Direct Email _____ Website _____

Phone # _____ Fax # _____

Direct Phone _____ Mobile Phone _____

Arrival Date _____ Departure Date _____

TYPE OF PRESS:

Written Press Radio Press Agency Web Press Other : _____

YOUR FUNCTION:

Journalist Photographer Technician Other : _____

- For badges purposes, please email a passport size photo to: virginie@igaming-monaco.com
- Kindly send an original copy of your publication to the below address.

