



**DEAFLYMPICS**

TAIPEI 2009

## **APPLICATION FOR MEDIA ACCREDITATION**

In order to receive accreditation for the 21<sup>st</sup> Summer Deaflympics, the media application must be filled out completely.

Please complete **FORM #1** and **FORM #2** for each media company attending the 21<sup>st</sup> Summer Deaflympics.

***Please note that the International Committee of Sports for the Deaf (ICSD) reserves the right to make the final decisions regarding media accreditation.***

### **Fees in \$US Dollars:**

TV Broadcasting Company (up to 4 persons) <i>(government-supported or public corporation)</i>	<b>\$3,000</b>
TV Broadcasting Company (over 4 people)	<b>+\$650 per person</b>

Private Film Company (up to 4 persons) <i>(self-supporting or non-profit)</i>	<b>\$2,000</b>
Private Film Company (over 4 people)	<b>+\$350 per person</b>

Photographer/Journalism (1 person)	<b>\$500</b>
Photographer/Journalism (over 1 person and up to 3)	<b>+\$300 per person</b>

National Deaf Sports Federation/Associate Member	<b>\$250 per person</b>
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Pass Deadline Submission Date (after 5 <sup>th</sup> day period)	<b>+\$300</b>
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All applications (**FORM #1** and **FORM #2**) must be submitted by **30 April 2009** to:

International Committee of Sports for the Deaf  
c/o 21<sup>st</sup> Summer Deaflympics Media  
528 Trail Avenue  
Frederick, Maryland 21701  
United States  
Fax: +1 301 620 2990



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**MEDIA ACCREDITATION INTEREST FORM**

*\*All fields **must** be filled out completely. Any blank fields will not be accepted.*

Please choose one:

- TV Broadcasting Company
- Private Film Company
- Photographer/Journalism (*up to 3 persons*)
- National Deaf Sports Federation/Association Member

<b>Name of Contact Person:</b>	Family Name	Given Name
<b>Name of Media Company:</b>		
<b>Website Address:</b>	http://	
<b>Mailing Address:</b>		
<b>Fax:</b>	+	
<b>Email Address:</b>		

What type of media will your company be using during the 21<sup>st</sup> Summer Deaflympics?

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What type of distribution method will you use?

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What type of equipment will your team be bringing? (i.e. tripod cameras, shoulder video, etc.)

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Please list type of access requirements you need?

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**MEDIA ACCREDITATION INTEREST FORM**

How many people will be in your team to provide media coverage of the 21<sup>st</sup> Summer Deaflympics? \_\_\_\_\_

Name(s) of each person(s) on your team:

	Family Name	Given Name	Country	Date of Birth		
				Day	Month	Year
#1						
#2						
#3						
#4						
#5						
#6						
#7						
#8						

If you have more than eight (8) persons, please write on a separate sheet of paper.

When does your team plan to arrive in Taipei? \_\_\_\_\_

Where will your media team be based in Taipei? \_\_\_\_\_

**IMPORTANT Please Note:**

- Any invited media must comply with ICSD and Taipei 2009 Summer Deaflympics' policy including the 21<sup>st</sup> Summer Deaflympics Media Agreement.
- The 21<sup>st</sup> Summer Deaflympics Media Agreement will be emailed to the contact person who filled out the form after ICSD has approved the Media Accreditation Interest Form.
- After we received your 21<sup>st</sup> Summer Deaflympics Media Agreement with signature, we will send you an invoice.
- It is the responsibility of the invited media to pay for all cost involved (i.e. Transport, hire of equipment, and vehicles, etc.)