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| BAD 2021 Media Pass Application FormPlease complete and return to comms@bad.org.uk If you have not received a response from the Communications Team within 2 weeks of submitting your application, please email us at the above address. |

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| Title: |  | Last Name: |  |
| **First Names:** |  |

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| --- | --- |
| Media outlet: |  |
| Job title: |  |
| Work address: |  |
|  |  |
| **Postcode / zip code:** |  |

|  |  |
| --- | --- |
| Country: |  |
|  |
| **Work Telephone Number:** |       |
| **Mobile Telephone Number:** |       |

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| **E-mail address:** |       |

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| **Article 1 (please submit with your application)** |  | **Article 2 (please submit with your application)** |

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| --- | --- | --- | --- |
| **Title:** |  | **Title:** |  |

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| --- | --- | --- | --- |
| **Media outlet:** |  | **Media outlet:** |  |

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| --- | --- | --- | --- |
| **Subject / conference covered:** |  | **Subject / conference covered:** |  |

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| --- | --- | --- | --- |
| **Date of publication:** |  | **Date of publication:** |  |

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| I confirm that the information provided in this application is accurate. I have read the BAD’s Media Guidelines and agree to abide by all the established rules and regulations:**Signed:****Date:** |