

**PRESS AND MEDIA REPRESENTATIVE**

**REGISTRATION FORM**

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| * The free registration under the **Press/Media Representative** category is granted only to journalists or media representatives in possession of:   + A valid press card or an appropriate letter of assignment   + Two recent published articles with your by-line on the article (dermatology or venereology-related, or referring to a previous EADV event)   + A signed copy of the EADV Media and Embargo Policy   + This completed EADV press and media representatives Registration Form * Please note that access to the EADV Virtual Congress is for members of the medical and professional media only. Members of the consumer media who require access will be considered on a case by case basis. * Please, return the complete press registration package, with all requested documentation, to [EADVmedia@saycomms.co.uk](mailto:EADVmedia@saycomms.co.uk) who will review your application and, if approved, liaise with the EADV registration team to complete the process * To secure your access for the start of Congress, pre-registration is required by: 27 October 2020 (midnight CEST). After this date we cannot guarantee that your application will be processed before the start of Congress on 29 October 2020 * Access to all EADV scientific sessions, exhibition halls, press working area, press conferences, press material and interviews arranged with EADV spokespersons etc. * Industries are allowed to restrict access of press to their Industry Satellite Sessions or HUBs |
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Please complete the form electronically (or using CAPITAL LETTERS) and return via email to:

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| EADV Press Office at SAY Communications: |
| [EADVmedia@saycomms.co.uk](mailto:EADVmedia@saycomms.co.uk) |
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**PARTICIPANT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  |  | Gender: |  |  |
| Email address: |  | | | | |
| First Name: |  | | | | |
| Family Name: |  | | | | |
| Nationality: |  | | Date of Birth: |  | |
| Street: |  | | | | |
| Zip Code: |  | | City: |  | |
| Country: |  | |  |  | |

**WORK INFORMATION**

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| Name of the media organization/publication you represent: | |  | | |
| Title and Name of the Contact person (supervisor): | |  | | |
| Work Address: |  | | | |
| Zip Code: |  | | City: |  |
| Country: |  | | | |
| Phone Number: |  | | Mobile: |  |

**ADDITIONAL INFORMATION**

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| **Type of medium** | | **Position** | |
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| Working language(s) of your media: | |  | |
| Main news topic(s) or field(s) of coverage (if applicable): | |  | |

**PRESS REGISTRATION FEE:**

Press Registration Fee includes:

* Access to all EADV scientific sessions, exhibition halls, press working area, press conferences, press material and interviews arranged with EADV spokespersons etc.
* Access to the EADV Scientific sessions until 31 January 2021
* Industries are allowed to restrict access of press to their Industry Satellite Sessions or HUBs

**GENERAL CONDITIONS FOR PRESS:**

Please tick the box below to show that you accept our Terms & Conditions:

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|  | I hereby agree to the “[Registration Policies](https://eadvvirtualcongress.org/registration/registration-policies/)” of the EADV Virtual Congress and to the “Cancellation of Registrations and Refunds”, “Other Refunds”, “Cancellation of Meetings” included in the [Registration Terms & Conditions](https://eadvvirtualcongress.org/registration/terms-conditions/).Having ticked the previous box and by signing below I confirm that I have read and understood this form as well as the above-mentioned conditions for Registration and that I accept them thoroughly. |

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| Date |  | Signature |  |