



**Request for accreditation to cover
the DAK'ART**

NATIONAL AND INTERNATIONAL MEDIA

NAME :

First NAME
:

Date of birth : Place :

NATIONALITY :

PROFESSIONAL CARD N° :

PUBLICATION :

ISSUED ON : TO : BY :

NAME OF PRESS ORGAN REPRESENTED :

ADDRESS OF PRESS ORGAN REPRESENTED:

AUTHORIZATION to FILM AND/OR TO TAKE PHOTOS ** YES.....NO.....

WEB SITE :

TEL : FAX : E-MAIL :

PERMANENT PLACE OF RESIDENCE : TEL :

ADDRESS IN DAKAR : TEL :

This form of authorization to film and/or to take photos is on the Dak'Art web site
www.biennaledakar.org .
To return once filled in, to info@biennaledakar.org.

ISSUED AT ON THE.....

SIGNATURE :

- PLEASE APPEND TO THIS FORM 2 IDENTITY PHOTOS
- TO BE SENT BEFORE APRIL, 20TH