

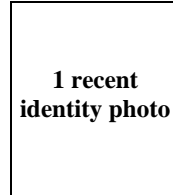
# CENTRE SPATIAL GUYANAIS

## Port spatial de l'Europe Europe's Spaceport



### PRESS REGISTRATION FORM

- LAUNCH NUMBER.....
- SPECIFIC VISIT



MEDIA / COMPANY : .....

LAST NAME : ..... First name : .....

Position / title : .....

Press card N° (journalists only).....

Business address : .....

Telephone : ..... Fax : ..... @-Mail : .....

Passport nr : ..... Date of issue : ..... Place of issue : .....

Date and place of birth : .....

Citizenship : .....

Home address : .....

Telephone : ..... Mobile phone : .....

(TO BE FILED BY COMPETENT SERVICE)

- REQUEST SUBMITTED BY PRESS OFFICE FROM ARIANESPACE EVRY

or

- REQUEST SUBMITTED BY COMPANY (Specify) : .....

LAST NAME : ..... FIRST NAME : .....

Position/title : .....

who has certified that the request is in conformity with criteria set by Defense regulations

Date :

SIGNATURE :

Attached document (check the appropriate box)  photocopy of press card  media management accreditation letter

Please send completed form to Mario de LEPINE / ARIANESPACE  
Tel: +331 60 87 60 15  
Fax: +331 60 87 63 04  
E-mail: m.delepine@arianespace.fr