

**BELGRADE OPEN 2024 – OFFICIAL MEDIA ACCREDITATIONS**

**MEDIA:**

**NAME AND SURNAME:**

**CONTACT:**

**EMAIL:**

**ROLE (Enter X in the box, depending on how you would like to follow the tournament**

**JOURNALIST**

**FOTO JOURNALIST**

**VIDEOGRAPHER / CAMERAMAN**

**ACCREDITATION FOR ALL DAYS OF THE TOURNAMENT (answer YES or NO):**

 **ACCREDITATION ONLY FOR CERTAIN DAYS (specify which):**