**FORM A – Delegation Information**

(Please PRINT in ink using block letters or TYPE)

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Delegation Name SO Region

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Delegation Mailing Address

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City State/Province

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Country Postal Code

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Telephone (include country and or area code) Fax (include country and or area code)

Head of Delegation

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Family Name First Name MI

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Email

Delegation Information

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Primary Language Secondary Language

Special diet (entire delegation):

 Vegetarian

 No Pork

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_