DELEGATION DETAILS

TO BE FILLED OUT BY COUNTRY HEAD OF DELEGATION

Maximum No.: _____

Minimum No.: _____

This number is comprised of: **Men - [ ]** **Women - [ ]** **Married Couples - [ ]**

Children under 12 - [ ] **Disabled Delegates - [ ]**

VIP Officials:

1 _____
(Last Name) (First Name) (Title)

2 _____
(Last Name) (First Name) (Title)

3 _____
(Last Name) (First Name) (Title)

4 _____
(Last Name) (First Name) (Title)

5. Travel:
(Please fill out the following information for each VIP Official…)

Arrival **Flight No.:**	**Date:**	**Time:**
Departure **Flight No.:**	**Date:**	**Time:**

Arrival **Flight No.:**	**Date:**	**Time:**
Departure **Flight No.:**	**Date:**	**Time:**

Arrival **Flight No.:**	**Date:**	**Time:**
Departure **Flight No.:**	**Date:**	**Time:**

Arrival **Flight No.:**	**Date:**	**Time:**
Departure **Flight No.:**	**Date:**	**Time:**

I hereby confirm that the information provided is true and correct to the best of my knowledge. I also confirm that members of the delegation under my responsibility will have the necessary travel papers, vaccinations, travel, accident and health insurance prior to departure.

Signature: _____
(Head of Delegation)