



STAFF INFORMATION

NPC: _____

Contact Person: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

SURNAME/ FIRST NAME	M/F	FUNCTION
1.		
2.		
3.		

Printed name NPC President/Secretary General

Date: _____ Signature: _____ NPC Stamp: _____

Please return before August 14th, 2009 to both addresses:

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