



**Form 2**

**INTENT OF ATTENDANCE**

Name of NSO:

Number of Participants (Please Provide Details Below):

**DETAILS OF PARTICIPANTS**

	Full Names	Gender M/F	Date of Birth DD/MM/YYYY	Nationality	Valid Passport Number	Function/ Position in the NSO
<b>D E L E G A T E S</b>	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
<b>O B S E R V E R S</b>	1.					
	2.					
	3.					
	4.					
	5.					
	6.					

Kindly return this form duly completed, signed and stamped to the Event Director in the host NSO at [drmosesmpuuga@gmail.com](mailto:drmosesmpuuga@gmail.com) with copy to the Africa Regional Office at [africaconference@scout.org](mailto:africaconference@scout.org) by **30<sup>th</sup> June 2015**.

.....  
Full Name of NSO Official

.....  
Signature & NSO Stamp

.....  
Date