INTERNATIONAL PEACEMAKER INFORMATION FORM

Name: _Dionisia_____Ramos-Huaman__
First Middle Last (Family)

Primary Mailing Address:

A. H. Manuel Escorza Mz. B Lte 10

El Agustino, Lima,

PERU

Secondary Mailing Address:

Jr. Jose Maria Plaza 155

Jesús Maria, Lima,

PERU

Home Telephone: 011-51-1-579-3486

Cell Phone: _____

Work Telephone: 011-51-1-333-0152

Fax: 011-51-1-333-0152 or 0407

Email: emady25@hotmail.com

Website address of your home church, denomination, or sponsoring organization:
www.manosperu.org www.fairtradeperu.com

In case of an emergency, please contact: Maria Castro Nuñez

Telephone: 011-51-1-385-1250 Relationship: co-worker

The following information is needed so that we can promptly arrange for the payment of your honorarium, as well as secure health insurance (if needed) and inform hosts of special needs:

Do you have any health problems (diabetes, asthma, allergies, etc.)? ☐ Yes X No

If yes, please explain: _____

_____

Do you have any special dietary requirements (vegetarian, etc.)? ☐ Yes X No

If yes, please explain: _____

_____

Do you smoke? ☐ Yes X No Do you drink alcohol? ☐ Yes X No

Please list any other cultural or religious practices or personal needs that you wish your hosts to be aware of:

_____there are no problems_____

_____

_____