

INTERNATIONAL PEACEMAKER INFORMATION FORM

Name: Probe Augustin Mukendi Kabongo

First

Middle

Last (Family)

Primary Mailing Address:

Secondary Mailing Address:

Congo Presbyterian Church (CPC) Office

Lac Fwa

3 Tshisambi

Kananga

Democratic Republic of the Congo

Home Telephone: ----- Work Telephone: _____

Cell Phone: 011-243-81-603-5710

Fax: _____

Email: augustinmukendi@hotmail.com

Website address of your home church, denomination, or sponsoring organization:

none

In case of an emergency, please contact: Helene Ngondo Mputu _____

Telephone: 011-243-99-454-5596 _____ Relationship: wife

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 **No**

If yes, please explain: _____

Do you have any special dietary requirements (vegetarian, etc.)?

Yes **No**

If yes, please explain: _____

Do you smoke? Yes **No**

Do you drink alcohol? Yes **No**

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

none