INTERNATIONAL PEACEMAKER INFORMATION FORM

Name: Lien_____Thi Ngoc_____Nguyen_____
First Middle Last (Family)

Primary Mailing Address:

147 D Le Loi Street, Ward 3

Go Vap District

Ho Chi Minh City

VIET NAM

Secondary Mailing Address:

_____

_____

_____

_____

Home Telephone: 011-84-83-8954-701

Work Telephone: _____

Cell Phone: 011-84-913-905-035

Fax: _____

Email: marynlien@yahoo.com

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

_____

In case of an emergency, please contact: Ho Tan Khoa

Telephone: 011-84-913-905-035 Relationship: husband

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: _high blood pressure_____

_____

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:

_____

_____