



Moscow, Russia  
September, 1993

## REGISTRATION & INQUIRY

To receive further information, or to register for The Moscow Conference on the Rights of Indigenous People, please complete and return this form to the Foundation for International Cooperation and Development.

### DELEGATE/OBSERVER INFORMATION

FULL NAME \_\_\_\_\_  
TITLE/POSITION \_\_\_\_\_  
REPRESENTING \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
COUNTRY \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
FACSIMILE \_\_\_\_\_  
BEST TIME/METHOD TO BE CONTACTED \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PASSPORT NUMBER (If Available) \_\_\_\_\_  
PASSPORT EXPIRATION DATE \_\_\_\_\_  
STATE OF PASSPORT ISSUE \_\_\_\_\_

We request that each delegation provide the following information. Please feel free to attach additional informational materials, if the space provided is not sufficient.

### BACKGROUND INFORMATION

(a) Please provide background on whom you represent.

\_\_\_\_\_  
\_\_\_\_\_

(B) What is your current political status? By what name does your state or indigenous nation prefer to be called?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONTRIBUTION FEE FUNDING INFORMATION (Please check appropriate boxes)

Self-funding ☐ Need Partial Funding ☐ (Please specify in detail on separate sheet of paper.)

Need Full Funding ☐ (Please specify in detail on separate sheet of paper.)

(a) Do you know of any sources which can help fund your participation? yes ☐ no ☐ If yes, would you like us to send a letter supporting your funding request? yes ☐ no ☐ Please provide full contact information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Do you know of any sources which can help you fund a delegation? yes ☐ no ☐ If yes, please provide all contact information and any information you think helpful.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Are you able to make an added contribution to help support another delegation attend? yes ☐ no ☐  
If so, please specify amount and method of payment.

\_\_\_\_\_