



## 4th HandiFly International Chalange

20th to the 24th of August 2019

Évora, Portugal

### DELEGATION MEMBERS PRE-REGISTRATION FORM

Please fill in the form with the applicable elements and send this PDF file to the e-mail: [eventos@fppq.pt](mailto:eventos@fppq.pt)

**Country** (Olympic 3 letter code):

**Head of Delegation**

**Name** (given name):

**Surname** (family name):

**Gender** ( M / F ):

**E-mail:**

**Telephone:**

**T-shirt size** (S, M, L, XL):



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<b>Interpreter</b>
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**Name** (given name):

**Surname** (family name):

**Gender** ( M / F ):

**E-mail:**

**Telephone:**

**T-shirt size** (S, M, L, XL):



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**Medical Doctor**

**Name** (given name):

**Surname** (family name):

**Gender** ( M / F ):

**Medical Doctor license details** (country/speciality and number):

**E-mail:**

**Telephone:**

**T-shirt size** (S, M, L, XL):



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Journalist

**Name** (given name):

**Surname** (family name):

**Gender** ( M / F ):

**E-mail:**

**Telephone:**

**T-shirt size** (S, M, L, XL):