

Authorisation form

Fill in and send to saih@saih.no. NB-all delegates must have a signature that confirms their participation by the leader or acting leader of the organisation they represent. **In addition to this form all participants must sign up here:**

<https://docs.google.com/forms/d/e/1FAIpQLSdrJyOT35cDmyvktblJZ0ZO0Ez43g2bCL9PYy5AVuUzhD4AZw/viewform?c=0&w=1>

VOTING DELEGATE

Name:

E-mail:

Organisation/Local chapter:

Attend preparatory seminar Friday(in Norwegian)?

VOTING DELEGATE

(Only SAIH local chapters have two voting delegates)

Name:

E-mail:

Organisation/Local chapter:

Attend preparatory seminar Friday(in Norwegian)?

OBSERVER

Name:

E-mail:

Organisation/Local chapter:

Attend preparatory seminar Friday(in Norwegian)?

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E-mail:

Organisation/Local chapter:

Attend preparatory seminar Friday(in Norwegian)?

OBSERVER

Name:

E-mail:

Organisation/Local chapter:

Attend preparatory seminar Friday(in Norwegian)?

I hereby confirm that
represents (local chapter/organisation) at SAIHs
Annual Meeting 2017

Date:

Signature: