**REGISTRATION FORM FOR INTERNATIONAL SOLIDARITY MISSION WITH WOMEN HUMAN RIGHTS DEFENDERS IN HONDURAS**

**January 20-25, 2019**

Please fill out form and send to this address: redefensorashn@gmail.com o teresa.boedo@im-defensoras.org

**GENERAL DATA**

|  |  |
| --- | --- |
| **Full name** |  |
| **Date of birth** |  |
| **Nationality** |  |
| **Organization** |  |
| **Position** |  |
| **Country** |  |
| **Cell phone** |  |
| **E-mail** |  |

**PARTICIPATION DATA**

|  |  |
| --- | --- |
| **Is VISA required for entering HONDURAS?** |  |
| **Why do you want to participate?** |  |
| **Cite two key factors that your participation will lend to the tour.**  |  |

**OTHER DATA OF INTEREST**

|  |  |
| --- | --- |
| **Any food intolerance?** |  |
| **Vegetarian?** |  |
| **Any illness we should be aware of?**  |  |
| **Any need for medical assistance or help with limited mobility during Mission?**  |  |