

DESIGNATION OF REPRESENTATIVES FOR 2004

Name of Organization (Acronym can be included at the end of the full legal name):

Support Coalition International

VIENNA

MAIN REPRESENTATIVE

#1.- Name, Address, Telephone, Fax, e-mail:

Peter Lehmann
Zabel-Krueger-Damm 183
D-13469 Berlin Germany

phone/fax: +49-(0)30-85963706
e-mail: plehmann@t-online.de

The main representative above is authorized by the NGO to accredit representatives for:

- One year (add names to this form). No more than three months (temporary badges).

ADDITIONAL REPRESENTATIVE(S)

#2.- Name, Address, Telephone, Fax, e-mail:

Alain Wache
[Redacted Address] [Redacted Telephone]

#3.- Name, Address, Telephone, Fax, e-mail:

Iris Hölling
[Redacted Address] [Redacted Telephone]


#4.- Name, Address, Telephone, Fax, e-mail:

Theresja Krummenacher
[Redacted Address] [Redacted Telephone]

#5.- Name, Address, Telephone, Fax, e-mail:

Katie Zurcher
[Redacted Address] [Redacted Telephone]

Signature of Chief Administrative Officer /
or Chief Executive Officer



David Oaks, Director
Support Coalition International

DESIGNATION OF REPRESENTATIVES FOR 2005

Name of Organization (Acronym can be included at the end of the full legal name):

Support Coalition International

VIENNA

MAIN REPRESENTATIVE

#1.- Name, Address, Telephone, Fax, e-mail:

PETER LEHMANN
Zabel-Krueger-Damn 183
BERLINE D-13469 GERMANY
Phone / Fax +49 30 8596 3706 e-mail: plehmann@t-online.de

Please note that our main representative above:

- Cannot add/change names on this form.
- Cannot request additional temporary badges.

ADDITIONAL REPRESENTATIVE(S)

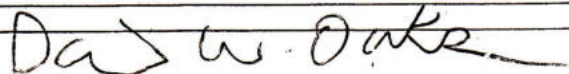
#2.- Name, Address, Telephone, Fax, e-mail:

#3.- Name, Address, Telephone, Fax, e-mail:

#4.- Name, Address, Telephone, Fax, e-mail:

#5.- Name, Address, Telephone, Fax, e-mail:

Signature of Chief Administrative Officer /
or Chief Executive Officer



David Oaks, Director 17 December 2004

Please type name, title and date before signing