

## SELECTED DELEGATES OF EFSLI FULL MEMBERS AGM 2019

Name of your association:
Name of president of the association:
Country:
Name of I <sup>st</sup> delegate:
N. Cond I. I.
Name of 2 <sup>nd</sup> delegate:
Place:
Date:
Signature president national association:

Please send by 19th August 2019 to:

E -mail: team@efsli.org