

# DISTRICT LAY ALTERNATE LISTING

**DISTRICT:** \_\_\_\_\_ **REGION:** \_\_\_\_\_

1	LAY ALTERNATE #1				
SURNAME (LAST)	FIRST NAME	MAILING ADDRESS (INCLUDE COUNTRY)			
<b>Important:</b> Enter name exactly as appearing on passport or visa.					
<b>TITLE</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.				
<b>DISTRICT</b>					
<b>REGION</b>	<input type="checkbox"/> AFRICA <input type="checkbox"/> ASIA-PACIFIC <input type="checkbox"/> CARIBBEAN <input type="checkbox"/> EURASIA <input type="checkbox"/> MEXICO & CENTRAL AMERICA <input type="checkbox"/> SOUTH AMERICA <input type="checkbox"/> USA/CANADA				
<b>EMAIL ADDRESS</b>		<b>GENDER</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DATE OF BIRTH</b>	DD/MM/YYYY
<b>LANGUAGE(S)</b>	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Korean. <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish. <input type="checkbox"/> Other:				

2	LAY ALTERNATE #2				
SURNAME (LAST)	FIRST NAME	MAILING ADDRESS (INCLUDE COUNTRY)			
<b>Important:</b> Enter name exactly as appearing on passport or visa.					
<b>TITLE</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.				
<b>DISTRICT</b>					
<b>REGION</b>	<input type="checkbox"/> AFRICA <input type="checkbox"/> ASIA-PACIFIC <input type="checkbox"/> CARIBBEAN <input type="checkbox"/> EURASIA <input type="checkbox"/> MEXICO & CENTRAL AMERICA <input type="checkbox"/> SOUTH AMERICA <input type="checkbox"/> USA/CANADA				
<b>EMAIL ADDRESS</b>		<b>GENDER</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DATE OF BIRTH</b>	DD/MM/YYYY
<b>LANGUAGE(S)</b>	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Korean. <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish. <input type="checkbox"/> Other:				

<b>3</b>	<b>LAY ALTERNATE #3</b>				
<b>SURNAME (LAST)</b>	<b>FIRST NAME</b>	<b>MAILING ADDRESS (INCLUDE COUNTRY)</b>			
<b>Important:</b> Enter name exactly as appearing on passport or visa.					
<b>TITLE</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.				
<b>DISTRICT</b>					
<b>REGION</b>	<input type="checkbox"/> AFRICA <input type="checkbox"/> ASIA-PACIFIC <input type="checkbox"/> CARIBBEAN <input type="checkbox"/> EURASIA <input type="checkbox"/> MEXICO & CENTRAL AMERICA <input type="checkbox"/> SOUTH AMERICA <input type="checkbox"/> USA/CANADA				
<b>EMAIL ADDRESS</b>		<b>GENDER</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DATE OF BIRTH</b>	DD/MM/YYYY
<b>LANGUAGE(S)</b>	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Korean. <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish. <input type="checkbox"/> Other:				

<b>4</b>	<b>LAY ALTERNATE #4</b>				
<b>SURNAME (LAST)</b>	<b>FIRST NAME</b>	<b>MAILING ADDRESS (INCLUDE COUNTRY)</b>			
<b>Important:</b> Enter name exactly as appearing on passport or visa.					
<b>TITLE</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.				
<b>DISTRICT</b>					
<b>REGION</b>	<input type="checkbox"/> AFRICA <input type="checkbox"/> ASIA-PACIFIC <input type="checkbox"/> CARIBBEAN <input type="checkbox"/> EURASIA <input type="checkbox"/> MEXICO & CENTRAL AMERICA <input type="checkbox"/> SOUTH AMERICA <input type="checkbox"/> USA/CANADA				
<b>EMAIL ADDRESS</b>		<b>GENDER</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DATE OF BIRTH</b>	DD/MM/YYYY
<b>LANGUAGE(S)</b>	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Korean. <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish. <input type="checkbox"/> Other:				

<b>5</b>	<b>LAY ALTERNATE #5</b>				
<b>SURNAME (LAST)</b>	<b>FIRST NAME</b>	<b>MAILING ADDRESS (INCLUDE COUNTRY)</b>			
<b>Important:</b> Enter name exactly as appearing on passport or visa.					
<b>TITLE</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.				
<b>DISTRICT</b>					
<b>REGION</b>	<input type="checkbox"/> AFRICA <input type="checkbox"/> ASIA-PACIFIC <input type="checkbox"/> CARIBBEAN <input type="checkbox"/> EURASIA <input type="checkbox"/> MEXICO & CENTRAL AMERICA <input type="checkbox"/> SOUTH AMERICA <input type="checkbox"/> USA/CANADA				
<b>EMAIL ADDRESS</b>		<b>GENDER</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DATE OF BIRTH</b>	DD/MM/YYYY
<b>LANGUAGE(S)</b>	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Korean. <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish. <input type="checkbox"/> Other:				

## LAY ALTERNATE #6

SURNAME (LAST)	FIRST NAME	MAILING ADDRESS (INCLUDE COUNTRY)			
<b>Important:</b> Enter name exactly as appearing on passport or visa.					
<b>TITLE</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.				
<b>DISTRICT</b>					
<b>REGION</b>	<input type="checkbox"/> AFRICA <input type="checkbox"/> ASIA-PACIFIC <input type="checkbox"/> CARIBBEAN <input type="checkbox"/> EURASIA <input type="checkbox"/> MEXICO & CENTRAL AMERICA <input type="checkbox"/> SOUTH AMERICA <input type="checkbox"/> USA/CANADA				
<b>EMAIL ADDRESS</b>		<b>GENDER</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DATE OF BIRTH</b>	DD/MM/YYYY
<b>LANGUAGE(S)</b>	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Korean. <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish. <input type="checkbox"/> Other:				