

The International Table Tennis Federation
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2012 INTERNATIONAL UMPIRE EXAMINATION
(Contact details of person supervising & administering the examination)

National Association :

Full name

Mr / Ms	First name	Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Street/
Postal code/
City/Country

Telephone:

Fax:

E-mail (obligatory):

Name:

Position in Association:

Signature:
