

CONFERENCE BOARD ACCREDITATION QUESTIONNAIRE

1. NAME AND ADDRESS OF ORGANIZATION:

Mailing Address

City	State/Province	Zip/Postal Code	Telephone
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FAX	E-mail	
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2. NAME AND TITLE OF OFFICERS:

3. PRIMARY PURPOSE OF ORGANIZATION (GENERALLY, WHO DO YOU REPRESENT?)

4. DATE ORGANIZATION WAS FORMED:

5. DATE OF LAST MEETING:

6. HOW MANY MEMBERS IN YOUR ORGANIZATION?

8. NAMES OF DELEGATES _____

9. HAVE YOUR DELEGATES EVER VOTED ON THE CONFERENCE BOARD? YES __ NO
WHAT YEAR?

9. ENCLOSE ANY OTHER PERTINENT INFORMATION OR RECOMMENDATIONS
REGARDING PARTICIPATION ON THE HALIBUT CONFERENCE BOARD.

Authorized Signature

Date of Application