

## *Wisconsin Coordinating Council on Nicaragua Educational Tour Participant Questionnaire*

Please tell us more about yourself by answering the following questions. We want to know more about you so that we can better facilitate your special needs, interests and fields of specialty. Some of the information will also be shared with other tour participants and Nicaraguan counterparts.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (day)\_\_\_\_\_ (eve)\_\_\_\_\_

E-Mail \_\_\_\_\_

Profession/Occupation:

Organizational Affiliations:

Special Interests:

Previous Travel:

Please rate your ability to communicate in Spanish (it is not necessary to speak Spanish to participate).

Do you have any special health or dietary needs (e.g. vegetarian)?

Do you smoke?

Do you have a roommate preference?

What do you hope to achieve, learn or accomplish as a participant in this exchange? Please explain.

What interested you in this particular delegation experience?

What plans do you have for sharing what you learned from this experience with others when you return to your home community?

What additional information would you like from WCCN to assist you in preparing for the delegation?

**Thanks for your time! Please return this completed form, four weeks before the tour begins, to the WCCN office: P.O. Box 1534 • Madison, WI 53701**