



RIGHT2KNOW

REGISTRATION & ENDORSEMENT FORM

EVENT: _____

DATE: _____ VENUE: _____

SHEET # _____ of TOTAL SHEETS # _____. # ENDORSEMENTS: _____

RIGHT2KNOW Vision: “We seek a country and a world where we all have the right to know – that is to be free to access and to share information. This right is fundamental to any democracy that is open, accountable, participatory and responsive; able to deliver the social, economic and environmental justice we need. On this foundation a society and an international community can be built in which we all live free from want, in equality and in dignity.”

	<u>Name</u>	<u>Organization</u>	<u>Location</u>	<u>Cell</u>	<u>Email</u>	<u>We/I</u> <u>support</u> <u>the R2K</u>	<u>Signed</u>	<u>Do you</u> <u>want email</u> <u>updates?</u>
1						<input type="checkbox"/> Organisation <input type="checkbox"/> Individual <input type="checkbox"/> No/Not yet		<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Org <input type="checkbox"/> Individual <input type="checkbox"/> No/Not yet		<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Org <input type="checkbox"/> Individual <input type="checkbox"/> No/Not yet		<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Org <input type="checkbox"/> Individual <input type="checkbox"/> No/Not yet		<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> Org <input type="checkbox"/> Individual <input type="checkbox"/> No/Not yet		<input type="checkbox"/> Yes <input type="checkbox"/> No
6						<input type="checkbox"/> Org <input type="checkbox"/> Individual <input type="checkbox"/> No/Not yet		<input type="checkbox"/> Yes <input type="checkbox"/> No
7						<input type="checkbox"/> Org <input type="checkbox"/> Individual <input type="checkbox"/> No/Not yet		<input type="checkbox"/> Yes <input type="checkbox"/> No
8						<input type="checkbox"/> Org <input type="checkbox"/> Individual <input type="checkbox"/> No/Not yet		<input type="checkbox"/> Yes <input type="checkbox"/> No
9						<input type="checkbox"/> Org <input type="checkbox"/> Individual <input type="checkbox"/> No/Not yet		<input type="checkbox"/> Yes <input type="checkbox"/> No
10						<input type="checkbox"/> Org <input type="checkbox"/> Individual <input type="checkbox"/> No/Not yet		<input type="checkbox"/> Yes <input type="checkbox"/> No