



U.S. REPATRIATION PROGRAM

ATTACHMENT B

STATE REPATRIATION PROGRAM COORDINATOR

CONTACT INFORMATION SHEET

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STATE OF _____

State Non-Emergency Repatriation Coordinator

Name:
Position:
Agency:
Address:
Telephone:
Emergency number:
FAX:
Email:
Website:

State Emergency & Group Repatriation Coordinator

Name:
Position:
Agency:
Address:
Telephone:
Emergency Number:
FAX:
Email:
Website: