Practice 1: INFORMATION GAP INTERVIEW

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Name | Place of origin | Place and Month of birth | Favorite food |
| 1. | (You): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

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