Send completed form to mun@asmilan.org

ASMMUN - FORM II

School name: _____

School address: _____

_____

Name and email of person to whom the ASMMUN invoice should be sent: _____

_____

Is there any additional information we should know?

Send completed form to mun@asmilan.org

ADULT ADVISERS

In case of emergencies, we require the email addresses of all attending advisers and the phone number of at least one adviser.

Adviser (Name & Surname)	Email address (all advisers)	Phone number (at least one adviser)

Send completed form to mun@asmilan.org

STUDENT DELEGATES

Student (Name & Surname)	Country	Committee	Position (Delegate/Chair/Press)

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Student (Name & Surname)	Country	Committee	Position (Delegate/Chair/Press)

Send completed form to mun@asmilan.org

Student (Name & Surname)	Country	Committee	Position (Delegate/Chair/Press)

Send completed form to mun@asmilan.org

Student (Name & Surname)	Country	Committee	Position (Delegate/Chair/Press)