



Send completed form to mun@asmilan.org

ASMMUN – COUNTRY ALLOCATION FORM

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)	Dietary needs (if applicable)



Send completed form to mun@asmilan.org

STUDENT DELEGATES

Student (Name & Surname)	Dietary needs (if applicable)	Country	Committee	Position (Delegate/Chair/Press)

