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ASMMUN – COUNTRY ALLOCATION FORM

School name: _____

School address: _____

Hotel in Milan: _____

Arrival to Milan (date, time, flight/train number, airport/station): _____

Departure from Milan (date, time, flight/train number, airport/station): _____

Is there any additional information we should know?



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ADULT ADVISERS

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

Last name	First name	Email address (all advisers)	Phone number (at least one adviser)	Dietary needs (if applicable)



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STUDENT DELEGATES

Role (Delegate/Chair/Press)	Last name	First name	Country	Committee	Dietary needs (if applicable)



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