

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?



ADULT ADVISERS

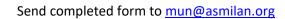
In case of emergencies, we require the email addresses of all attending advisers and the phone number of at least one adviser.

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



STUDENT DELEGATES

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



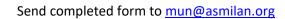


Role (Delegate/Chair/Press)	Last name	First name	Country	Committee	Dietary needs (if applicable)





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