



INTERNATIONAL MODEL UNITED NATIONS OF ALKMAAR

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SCHOOL REGISTRATION FORM DEADLINE: 14 FEBRUARY 2020

SCHOOL INFORMATION

Name of School _____
Name of Headmaster _____
Address _____
Country _____
Telephone _____
Fax _____
School E-mail _____

DELEGATION INFORMATION

We will bring a total number of _____ Delegates and _____ MUN-Director(s).
We intend to request housing for _____ participants. Yes No
We request _____ Audio Guide(s) (10,00 EURO) for delegate preparation. Yes No
Our school has participated in the IMUNA Conference in the past. Yes No
Our school has participated in an MUN Programme in the past. Yes No
Some of our students will be applying for Student Officer and/or Press positions. Yes No
If yes: _____ Student Officer; _____ Press.
Please indicate the sort of delegation(s) you request (multiple choices possible):
 Security Council Standard (GA/ECOSOC/NAC) Non-Member Delegation
When will your delegation arrive in and depart from Alkmaar?
Arrival: ____ / ____ / 2020 (date) ____ : ____ (time); Departure: ____ / ____ / 2020 (date) ____ : ____ (time)

PARTICIPATION AGREEMENT

We hereby submit a request to the IMUNA Foundation to take part in the IMUNA Conference for 2020, held from 5 June until 7 June 2020. We agree to the terms and conditions of participation in the IMUNA Conference as stated in the Handbook for Participation in the IMUNA Conference and the General Conditions. We understand fully our obligations with regard to attendance, fees and deadlines, and we agree to abide by these conditions and requirements. We understand also that deviation from the terms and conditions can result in additional costs and exclusion from participation.

_____ Date

Signature MUN-Director

Signature Headmaster

Name MUN-Director

School Seal

SCHOOL REGISTRATION FORM

DEADLINE: 14 FEBRUARY 2020

MUN-DIRECTOR'S INFORMATION

Last Name _____ Infix _____

First Name _____ Gender: Male Female

Date of Birth _____ / _____ / _____ (dd/mm/yyyy) Nationality _____

Address _____

Country _____

Telephone _____ Fax _____

Cellphone _____

E-mail _____

Comments _____

Do you request housing for the duration of the conference? Yes No

Are you the primary MUN-Director for your school's delegation? Yes No

 MUN-Director's Signature

MUN-DIRECTOR'S INFORMATION

Last Name _____ Infix _____

First Name _____ Gender: Male Female

Date of Birth _____ / _____ / _____ (dd/mm/yyyy) Nationality _____

Address _____

Country _____

Telephone _____ Fax _____

Cellphone _____

E-mail _____

Comments _____

Do you request housing for the duration of the conference? Yes No

Are you the primary MUN-Director for your school's delegation? Yes No

 MUN-Director's Signature