



## SCHOOL REGISTRATION FORM

DEADLINE: 16 FEBRUARY 2019

### ***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: \_\_\_\_ / \_\_\_\_ / 2019 (date) \_\_\_\_ : \_\_\_\_ (time); Departure: \_\_\_\_ / \_\_\_\_ / 2019 (date) \_\_\_\_ : \_\_\_\_ (time)

### ***PARTICIPATION AGREEMENT***

We hereby submit a request to the IMUNA Foundation to take part in the IMUNA Conference for 2019, held from 14 June until 16 June 2019. 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: 16 FEBRUARY 2019

***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