

FORM I  
DECLARATION OF INTENT



**GIMMUN 2017**

**1<sup>st</sup> April – 4<sup>th</sup> April**

**Ptuj, Slovenia**

This is a declaration of intent to participate in the GimMUN 2017. Please fill in this form if your school is interested and intends to participate in our Model United Nations Conference in Ptuj from April 1st to April 4th 2017. This Application Form (FORM I) must be completed and sent back no later than Friday 27th of January 2017 to the following email address: [gimmunptuj@gmail.com](mailto:gimmunptuj@gmail.com)

**1) SCHOOL DATA**

<b>NAME</b>	
<b>ADDRESS</b>	
<b>CITY POSTCODE</b>	
<b>COUNTRY</b>	
<b>PHONE NUMBER</b>	
<b>EMAIL ADDRESS</b>	
<b>VAT NUMBER</b>	
<b>IBAN Code</b>	

**2) CONTACT PERSON**

<b>ADVISOR'S NAME</b>	
<b>PHONE NUMBER</b>	
<b>EMAIL ADDRESS</b>	

**3) NUMBER OF DELEGATES AND CHAIRS**

<b>NUMBER OF CHAIRS*</b>	
<b>NUMBER OF DELEGATES</b>	
<b>TOTAL NUMBER OF STUDENT PARTICIPANTS</b>	

\*Please note that students whose Chair Applications should be rejected are automatically included as delegates, unless the advisor (teacher) demands differently.

#### **4) NON-REFUNDABLE DEPOSIT**

Please note that a **deposit of 100€ per school** must accompany this application form. We will be able to process your application only upon arrival of your non-refundable deposit, thus we recommend you to proceed with the payment as soon as possible. The sum is non-refundable unless we were not able to include you in the conference.

Method of payment is a bank transit with the details included below:

**BANKA SLOVENIJE**

**SI 56 01100-6030725840**

**SWIFT/BIC: BSLJSI2X**

On your bank transfer you must state the name of your school and "Deposit for GimMUN 2017". You are also invited to forward our school a separate copy of your bank transfer via e-mail ([gimmunptuj@gmail.com](mailto:gimmunptuj@gmail.com)) to assist accounting procedures.

For any further information do not hesitate to contact us at: [gimmunptuj@gmail.com](mailto:gimmunptuj@gmail.com)

#### **5) DECLARATION**

On behalf of \_\_\_\_\_ (school name) I hereby declare that the information provided in this application is accurate and complete. I authorize the GimMUN 2017 to handle and use the abovementioned data/information for the purposes of the conference.

Date: \_\_\_\_\_

Advisor's signature: \_\_\_\_\_

**All information obtained will be kept in the strictest confidence and used for recruitment, assessment and statistical purposes only.**