

FORM II

DELEGATES AND CHAIRS APPLICATION FORM



## GIMMUN 2017

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

**Ptuj, Slovenia**

This application form (FORM II) must be completed and sent back no later than Friday 24<sup>th</sup> February 2017 to the following email address: [gimmunptuj@gmail.com](mailto:gimmunptuj@gmail.com)

<b>NAME OF SCHOOL:</b>	
<b>ADVISOR'S NAME:</b>	

### A) ADVISOR'S GENERAL INFORMATION

**Total number of Advisors (teachers):** \_\_\_\_\_

Please state the name, phone number and email addresses of Advisors (teachers) and specify any allergies, medical problems suffered, medication currently taken as well as food preferences (e.g. vegetarian or vegan).

(add rows if necessary)

	<b>FULL NAME</b>	<b>PHONE NUMBER</b>	<b>EMAIL ADDRESS</b>	<b>ALLERGIES/MEDICAL PROBLEMS/MEDICATION</b>	<b>FOOD PREFERENCES</b>
<b>1.</b>					
<b>2.</b>					
<b>3.</b>					

## B) DELEGATES GENERAL INFORMATION

### Number of delegations:

DELEGATION SIZE	NUMBER
2 SEATS	
3 SEATS	
4 SEATS	
5 SEATS	

Each delegation consists of 2, 3, 4 or 5 delegates. Please note that all the 5-seat delegations and some 4-seat delegations include a seat in the Security Council.

### **List of countries of preference (max. 5 choices):**

Please note that all preferences expressed are not bounding for GimMUN 2017

1.	
2.	
3.	
4.	
5.	

**Total number of delegates:** \_\_\_\_\_

Please state the full name of all Delegate Applicants and specify any allergies, medical problems suffered and food preferences (e.g. vegetarianism or veganism).

(add rows if necessary)

	DELEGATE'S FULL NAME	ALLERGIES/MEDICAL PROBLEMS SUFFERED/MEDICATION	FOOD PREFERENCES
1.			
2.			
3.			
4.			
5.			
6.			
7.			

### C) CHAIRS GENERAL INFORMATION

Total number of Chair applications: \_\_\_\_\_

Please state the full name of all Chair Applicants and specify any allergies, medical problems suffered and food preferences (e.g. vegetarianism or veganism).

(add rows if necessary)

	CHAIR'S FULL NAME	ALLERGIES/MEDICAL PROBLEMS SUFFERED/MEDICATION	FOOD PREFERENCES
1.			
2.			

All Chair Applicants are required to fill in the specific Application Form (FORM III – CHAIRS SELECTION INFORMATION) before Friday 24<sup>th</sup> of February 2017 in order to fully complete their application.

### D) PAYMENT DETAILS

The participation fee per every student (either Delegate or Chair) is 50€ and it must be paid in a lump sum by the school with the under-mentioned method.

Total number of Delegates and Chairs:

\_\_\_\_\_ x 50€ = \_\_\_\_\_ €

The fee includes admission, lunches, a delegate-kit and entrance to the social events organized. Advisors (teachers) are exempted from the fee.

#### Method of payment:

Bank transfer using the information below

**BANKA SLOVENIJE**

**SI 56 01100-6030725840**

**SWIFT/BIC: BSLJSI2X**

On your bank transfer you must state the name of your school, the number of students participating and "Fee for GimMUN 2017". You are also invited to forward the school a separate copy of your bank transfer by email ([gimmunptuj@gmail.com](mailto:gimmunptuj@gmail.com)) to assist accounting procedures.

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

**E) 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.**