



AMUN 2019 - Pre-Registration Form

Return by April 30th, 2019 - Return to amun.conferencemanager@gmail.com

NAME OF SCHOOL:	
FULL ADDRESS OF SCHOOL:	
NAME OF MUN-DIRECTOR	
EMAIL OF MUN-DIRECTOR	
PHONE NUMBER OF MUN-DIRECTOR	
Our school expects to bring a total of _____ students and _____ teacher(s). Expected number of first-timers: _____	
ACCOMMODATION	
Housing (if available):	Yes <input type="radio"/> No <input type="radio"/>

Signature MUN- Director/teacher, Date