

REGISTRATION FORM

NAME: _____

SCHOOL: _____

AFFILIATION: Student _____ Faculty _____

EMAIL:

PHONE:

MAILING ADDRESS:

Country Request(s):

1st Choice _____

2nd Choice _____

3rd Choice _____

*once confirmed, country selections will be guaranteed only upon payment of registration fee.

NAME(s) of MEMBERS OF YOUR COUNTRY DELEGATION (TEAM)

Dietary Requirements, if any: _____