REGISTRATION FORM

*Please fill in this form electronically and send it to*

[secgensmunom@outlook.com](mailto:secgensmunom@outlook.com)

*as a word document (.doc) by the 18th of September, 2024*

School's full name:

Full address of the school:

Name of MUN Director:

Phone (with country code):

Email:

School's MUN experience (MUN society/conferences attended):

MUN experience of students attending: Age range of students\*:

Number of delegates:

Estimated number of student officers i.e: (Chairs) Number of MUN directors/chaperones:

Please note that this is an early registration for your entire delegation. Once this form has been recieved, delegation payment details as well as a final registration form for individual delegates to fill will also be sent out.

When specifying the estimated amount of student officers please keep in mind that these students will have to apply for the position and therefore go through a selection process. If a student is rejected, they will still be able to attend the conference as a delegate..

\*Note that MUNOM will not accept any Delegates or Student Officers born after 2009.

Contact: [secgensmunom@outlook.com](mailto:secgensmunom@outlook.com)



[www.munofmalmo.org](http://www.munofmalmo.org/)

@munom\_2024