



LEMUN 2014

Friday 21st November – Sunday 23rd November

- fresh ideas, new solutions -



Great Expectations

Please return this form before May the 1st 2014 to the LEMUN Secretariat: info@lemun.org or Fruinlaan 15, 2313 EP Leiden (NL).

REGISTRATION FORM

Name of school: _____

Name of MUN director: _____

School address: _____

Zip code: _____ City: _____

Country: _____

Phone No. school: _____ Fax No.: _____

Phone No. home/mobile: _____ Fax No.: _____

E-mail address School: _____

E-mail address MUN director: _____

Our school expects to bring a total of ____ (max. 12) students (only delegates), of whom approximately ____ students already have MUN-experience. We expect to bring ____ MUN directors.

Please list your delegations of preference in rank order: (Please take in consideration the delegation size)

1. _____ 6. _____ 11. _____

2. _____ 7. _____ 12. _____

3. _____ 8. _____ 13. _____

4. _____ 9. _____ 14. _____

5. _____ 10. _____ 15. _____

The prompt return of this registration form assures you and your students of participation in LEMUN 2014 and makes it more likely that we will be able to assign your preferred delegations to you. You can return this form by e-mail, normal mail or fax.

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