Registration Form Digital PaderMUN Conference 19.06.-20.06.19

Please fill in this form, in order to register either
[ ] a single delegate (Home University:_____) or
[ ] a complete delegation (Home University:_____)

Individual delegate's details:

Last Name	Name	MUNs attended (if any)	Country Preference 1	Country Preference 2	Country Preference 3	I consent to the usage of Zoom

Send this form to upbmun@gmail.com in order to register.