

DELEGATE APPLICATION FORM 2018

P E R S O N A L D E T A I L S

NAME _____

EMAIL _____

COUNTRY OF BIRTH _____

DATE OF BIRTH _____

DIET REQUIREMENT _____

EMERGENCY CONTACT NAME _____

SURNAME _____

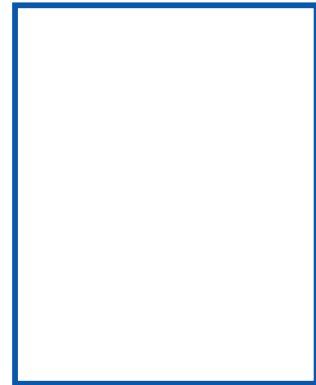
GENDER Male Female **CELL NOS.** _____

NATIONALITY _____

AGE _____ **HEIGHT** _____

SIZE FOR T-SHIRT _____

CELL NOS. _____



(Click on the box and insert a clear background photo)

I M P O R T A N T D E T A I L S

Please write your name in **BLOCK LETTERS** in this section. Information entered will be transferred to your Conference Badge and Certificate. There will be an administrative fee of USD20.00/- if you require us to replace your photograph on the Conference Badge or to amend your Name on the Certificate. Please attach a recent photo with a **clear background** together with this application.

NAME ON CONFERENCE BADGE (Use Short Name)

NAME ON CERTIFICATE

E D U C A T I O N A L L E V E L

CURRENTLY ENROLLED AS Undergraduate (BA, BSC, etc.) Graduate (MA, MSC, etc.) Doctoral (PHD, etc.)

YEAR OF STUDY 1st year 2nd year 3rd year and above

MAJOR FIELD OF STUDY

SECONDARY FIELD OF STUDY (If applicable)

UNIVERSITY

FACULTY

S P E C I A L S K I L L S

WRITING SKILL Yes No **Do you want to volunteer as a writer for the Symposium?** Yes No

PHOTOGRAPHY SKILL Yes No **Do you want to volunteer as a photographer for the Symposium?** Yes No

If yes, please let us know the camera model you are using _____

TELL US ABOUT YOURSELF?

DO YOU HAVE AN INSPIRING STORY ABOUT YOURSELF TO SHARE?

WHAT ARE THE REASONS FOR YOUR INTEREST TO BE A DELEGATE?

Please email completed form to UN@humanitarianaffairs.org