

**MMEU 2018 REGISTRATION FORM**

University Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

First time participating please check the box

Faculty Advisor/Delegation contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Office phone: \_\_\_\_\_

Phone number where you can be contacted during the conference: \_\_\_\_\_

Team number:  1 @ \$150

2 @ \$300

3 @ \$450

Payment: Online payment  payment date \_\_\_\_\_

or

Check/invoice  invoice request date \_\_\_\_\_

Country Assignment Request: Please indicate your top three choices in order of preference

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Anticipated total number of students participating: \_\_\_\_\_

If you are a joint delegation please let us know your partnering institution: \_\_\_\_\_

Are you interested in becoming a council monitor to provide student guidance? Yes  No

**Submit your registration form by email to Liese Hilgeman at [lhilgema@indiana.edu](mailto:lhilgema@indiana.edu)**