

MMEU 2019 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 EURO at euroinst@indiana.edu