



## School/organization information

Name:

Full address:

Country:

Telephone:

E-mail:

## Contact person/Faculty Advisor

First name:

Surname:

Full address:

Telephone:

ID or passport number:

E-mail:

English - speaking:

Special needs:

Other questions/needs:

I agree with the use of my personal data upon Data Privacy Law 428/2002 for any purposes connected with the ZAMUN 2014 Conference.