

Felix Jacob, Alina Kempe, Arian Okhovat & Simon Pflesser Secretaries General MUNoH 2015 secretary-general@munoh.de Gymnasium Meiendorf Schierenberg 60 22145 Hamburg www.munoh.de

Hamburg, 29th of May

Final Registration for MUNoH 2015 Internal Delegates

Lovely student,

Having heard that you are willing to take part in our Model United Nations of Hamburg 2015 conference as a Delegate of our school, the Gymnasium Meiendorf, we would like you to register yourself. By sending the final registration form you bindingly register for MUNoH 2015, so we would like to remind you of the conference fee which has to be paid not later than 12th of July. The fee is 40€ per participating delegate and covers lunches and admission to the MUNoH party.

Please transfer the money (40€) to the following account until the 12th of July:

Kontoinhaber: Inge Breckwoldt

Kreditinstitut: Haspa

Kontonummer: 1249129287

BIC: HASPDEHHXXX

IBAN: DE962005 0550 1249 1292 87 Verwendungszweck: MUNOH15 - Vor- und Nachname

Attached to this letter you will find the Registration-Document. Please turn it back until the 15th of June to the pigeon hole in the teacher's room.

Please be reminded that there will be a final online registration in which you are sending all your personal data in order for us to be able to create your badge. It will be opened from the 22nd of June to the 29th of June. Your data will only be used for this purpose and will not be given to third parties.

If you have any further questions please feel free to contact us (via email to secretary-general@munoh.de).

We are highly looking forward to seeing you at the conference!

With warm regards,

Felix Jacob

Alina Kempe

A. Kenpe

Arian Okhovat

Simon Pflesser

Secretary General Secretary General

Secretary General

Secretary General



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Christopher Carlsen, Fenja Schmidt, Janne Peters & Jannes Lehmann
Conference Management MUNoH 2015
conference-manager@munoh.de
Gymnasium Meiendorf
Schierenberg 60
22145 Hamburg
www.munoh.de

Registration document for the MUNoH conference from 30th of September to 4th of October 2015 as a Delegate:

| Name: | |
|--|---|
| Date of Birth: | |
| Class & Teacher: | |
| Email address: | |
| MUN-experience: | o yes, times as delegate o yes, but first time as delegate o no |
| Preferred food: (Vegetarian etc.) | |
| I will participate in the conference from Wednesday to Sunday. | |
| Parent's signature | Student's signature |