



EMC² 2011-2012 Additional Person Confirmation Form

1. Participation

The Teams and Additional Persons participating in a Regional Round shall pay a Participation Fee. Pursuant to **Rule 4.2.1**, the Participation Fee shall include: accommodation, transfers, meals, social program, administration costs and where relevant, admission into the Academic Conference.

Each 'Additional Person' attending a Regional Round must complete an 'Additional Person Confirmation Form' for administration purposes. As per Appendix A - Competition Timeline, the 'Additional Person Confirmation Form' must be submitted, by email or fax, to a **Regional Round Organiser by Friday, 13th January 2012**

2. Method of Calculation of 'Additional Person Participation Fee'

A team, who wishes to bring more than the one allocated Team Coach *or* Academic Advisor to a Regional Round must apply directly to the relevant Regional Round Organiser for availability and pay the 'Additional Persons Participation Fee' for the entire Event Package. Once the 'Additional Person Participation Fee' has been paid, it is subject to 100% cancellation fee.

EMC² 2011-2012
ADDITIONAL PERSON - TRAVEL DETAILS

<i>ACADEMIC ADVISOR</i>	
Name and Team No:	
Name/Last Name: and Title	
Occupation: (Professor, staff-member, student, etc.)	
Address:	
Country:	Attend the WTO Academic Conference <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Fax:
E-mail:	Passport no.:
Date of birth (dd/mm/yyyy):	Place of birth:
Nationality:	Gender:
Allergies (if any):	Vegetarian/Vegan:
DATE OF ARRIVAL:	ARRIVAL TO:
SCHEDULED TIME OF ARRIVAL:	Flight Number/Train Number:
DATE OF DEPARTURE:	DEPARTURE FROM:
SCHEDULED TIME OF DEPARTURE:	Flight Number/Train Number:
<i>Please list additional accommodation required in your Regional Round</i> <i>**Please note that additional accommodation is subject to availability and additional costs</i>	
<i>Pre-Final Oral Round</i>	ARRIVAL DATE:
TYPE OF ROOM: Single/Twin/Double <i>(please circle)</i>	DEPARTURE DATE:
<i>Post-Final Oral Round</i>	ARRIVAL DATE:
TYPE OF ROOM: Single/Twin/Double <i>(please circle)</i>	DEPARTURE DATE:

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ADDITIONAL PERSON - TRAVEL DETAILS

<i>TEAM COACH #1</i>	
Name and Team No:	
Name/Last Name: and Title	
Occupation: (Professor, staff-member, student, etc.)	
Address:	
Country:	Attend the WTO Academic Conference <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Fax:
E-mail:	Passport no.:
Date of birth (dd/mm/yyyy):	Place of birth:
Nationality:	Gender:
Allergies (if any):	Vegetarian/Vegan:
DATE OF ARRIVAL:	ARRIVAL TO:
SCHEDULED TIME OF ARRIVAL:	Flight Number/Train Number:
DATE OF DEPARTURE:	DEPARTURE FROM:
SCHEDULED TIME OF DEPARTURE:	Flight Number/Train Number:
<i>Please list additional accommodation required in your Regional Round</i> <i>**Please note that additional accommodation is subject to availability and additional costs</i>	
<i>Pre-Final Oral Round</i>	ARRIVAL DATE:
TYPE OF ROOM: Single/Twin/Double <i>(please circle)</i>	DEPARTURE DATE:
<i>Post-Final Oral Round</i>	ARRIVAL DATE:
TYPE OF ROOM: Single/Twin/Double <i>(please circle)</i>	DEPARTURE DATE:

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ADDITIONAL PERSON - TRAVEL DETAILS

<i>TEAM SUPPORTER #1</i>	
Name and Team No:	
Name/Last Name: and Title	
Occupation: (Professor, staff-member, student, etc.)	
Address:	
Country:	Attend the WTO Academic Conference <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Fax:
E-mail:	Passport no.:
Date of birth (dd/mm/yyyy):	Place of birth:
Nationality:	Gender:
Allergies (if any):	Vegetarian/Vegan:
DATE OF ARRIVAL:	ARRIVAL TO:
SCHEDULED TIME OF ARRIVAL:	Flight Number/Train Number:
DATE OF DEPARTURE:	DEPARTURE FROM:
SCHEDULED TIME OF DEPARTURE:	Flight Number/Train Number:
<i>Please list additional accommodation required in your Regional Round</i> <i>**Please note that additional accommodation is subject to availability and additional costs</i>	
<i>Pre-Final Oral Round</i>	ARRIVAL DATE:
TYPE OF ROOM: Single/Twin/Double <i>(please circle)</i>	DEPARTURE DATE:
<i>Post-Final Oral Round</i>	ARRIVAL DATE:
TYPE OF ROOM: Single/Twin/Double <i>(please circle)</i>	DEPARTURE DATE:

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ADDITIONAL PERSON - TRAVEL DETAILS

<i>TEAM SUPPORTER #2</i>	
Name and Team No:	
Name/Last Name: and Title	
Occupation: (Professor, staff-member, student, etc.)	
Address:	
Country:	Attend the WTO Academic Conference <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Fax:
E-mail:	Passport no.:
Date of birth (dd/mm/yyyy):	Place of birth:
Nationality:	Gender:
Allergies (if any):	Vegetarian/Vegan:
DATE OF ARRIVAL:	ARRIVAL TO:
SCHEDULED TIME OF ARRIVAL:	Flight Number/Train Number:
DATE OF DEPARTURE:	DEPARTURE FROM:
SCHEDULED TIME OF DEPARTURE:	Flight Number/Train Number:
<i>Please list additional accommodation required in your Regional Round</i> <i>**Please note that additional accommodation is subject to availability and additional costs</i>	
<i>Pre-Final Oral Round</i>	ARRIVAL DATE:
TYPE OF ROOM: Single/Twin/Double <i>(please circle)</i>	DEPARTURE DATE:
<i>Post-Final Oral Round</i>	ARRIVAL DATE:
TYPE OF ROOM: Single/Twin/Double <i>(please circle)</i>	DEPARTURE DATE: