



EMC² 2011-2012 Team Confirmation Form

1. Participation

The Teams participating in a Regional Round and/or the FOR 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 team invited to attend a Regional Round must complete a Team Confirmation Form for administration purposes. As per Appendix A – Competition Timeline, the Team Confirmation Form must be submitted by email or fax to **the nominated Regional Round Organiser, to by Friday, 13th January 2012.**

2. Method of Calculation of a 'Participation Fee'

The Final Oral Round 'Participation Fee' is a per person fee. Both Participation Fees include all the components listed in the Competition Fees Document.

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.

EMC² 2011-2012 – FINAL ORAL ROUND TEAM TRAVEL DETAILS

**TEAM CONFIRMATION FORM MUST BE SUBMITTED TO THE:
Regional Round Organiser by Friday, 13th January 2012**

TEAM NUMBER and UNIVERSITY:		
<i>Please indicate which EMC² Selection Round your team entered via:</i>		
Europe Regional Round (Maastricht, Netherlands)	Europe Regional Round (Munster, Germany)	
Asia-Pacific Regional Round	Latin America Regional Round	
North America Regional Round	Middle East Regional Round	
International Written Round		
TEAM COACH #1		
Name/Last Name: and Title		
Occupation: (Professor, staff-member, student, etc.)		
Address:		
Country:	Attend the WTO Academic Conference Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 **Please note that additional accommodation is subject to availability and additional costs</i>		
Pre-Final Oral Round	ARRIVAL DATE:	
TYPE OF ROOM: Single/Twin/Double (please circle)	DEPARTURE DATE:	
Post-Final Oral Round	ARRIVAL DATE:	
TYPE OF ROOM: Single/Twin/Double (please circle)	DEPARTURE DATE:	

TEAM INFORMATION

(Teams can be composed of between 2 to 4 people)

No changes to the composition of the Teams as per Rule 3.5

<p>TEAM MEMBER #1 (also TEAM CONTACT PERSON as stated on TEAM REGISTRATION FORM)</p>	
Name:	Last Name:
Obtained Degrees (with specialisation when applicable):	
Degree being studied for (with specialisation when applicable):	
Address:	
Country:	Attend the WTO Academic Conference Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone:	Fax:
E-mail:	Passport no.:
Date of birth (dd/mm/yyyy):	Place of birth:
Nationality:	Gender:
Allergies (if any):	Vegetarian/Vegan
Signature:	
<p><i>By signing this form you confirm that you meet the eligibility criteria per the Rules 3.1, 3.2 and 3.3</i></p>	
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:
<p>Please list additional accommodation required in your Regional Round **Please note that additional accommodation is subject to availability and additional costs</p>	
Pre-Final Oral Round	ARRIVAL DATE:
TYPE OF ROOM: Single/Twin/Double <i>(please circle)</i>	DEPARTURE DATE:
Post-Final Oral Round	ARRIVAL DATE:
TYPE OF ROOM: Single/Twin/Double <i>(please circle)</i>	DEPARTURE DATE:

TEAM INFORMATION

(Teams can be composed of between 2 to 4 people)

No changes to the composition of the Teams as per Rule 3.5

TEAM MEMBER #2	
Name:	Last Name:
Obtained Degrees (with specialisation when applicable):	
Degree being studied for (with specialisation when applicable):	
Address:	
Country:	Attend the WTO Academic Conference Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone:	Fax:
E-mail:	Passport no.:
Date of birth (dd/mm/yyyy):	Place of birth:
Nationality:	Gender:
Allergies (if any):	Vegetarian/Vegan:
Signature:	
<i>By signing this form you confirm that you meet the eligibility criteria per the Rules 3.1, 3.2 and 3.3</i>	
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:

TEAM INFORMATION

(Teams can be composed of between 2 to 4 people)

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TEAM MEMBER #3	
Name:	Last Name:
Obtained Degrees (with specialisation when applicable):	
Degree being studied for (with specialisation when applicable):	
Address:	
Country:	Attend the WTO Academic Conference Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone:	Fax:
E-mail:	Passport no.:
Date of birth (dd/mm/yyyy):	Place of birth:
Nationality:	Gender:
Allergies (if any):	Vegetarian (Yes or Not):
Signature:	
<i>By signing this form you confirm that you meet the eligibility criteria per the Rules 3.1, 3.2 and 3.3</i>	
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:

TEAM INFORMATION

(Teams can be composed of between 2 to 4 people)

No changes to the composition of the Teams as per Rule 3.5

TEAM MEMBER #4	
Name:	Last Name:
Obtained Degrees (with specialisation when applicable):	
Degree being studied for (with specialisation when applicable):	
Address:	
Country:	Attend the WTO Academic Conference Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone:	Fax:
E-mail:	Passport no.:
Date of birth (dd/mm/yyyy):	Place of birth:
Nationality:	Gender:
Allergies (if any):	Vegetarian (Yes or Not):
Signature:	
<i>By signing this form you confirm that you meet the eligibility criteria per the Rules 3.1, 3.2 and 3.3</i>	
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: