



Lawrence College, Ghora Gali,
Murree.
Ph: 051-3751001-3
Fax: 051-3751005

LCMUN'18 (1st to 3rd September, 2018)

Registration Form

Details of Delegation

Institution's Name: _____

Mention the name of the delegate against the preferred committee mentioned below.

Sr. No	Delegate Name	Committee
1.		UNHRC
2.		UNSC
3.		SOCHUM
4.		PNA

Name of the Chaperone _____

Contact No. _____

Head Delegate

Name: _____

Cell No: _____

Email: _____

Details of Individual Delegate

Name: _____

Institution's Name: _____

Cell No: _____

Preferred Committee: UNSC SOCHUM UNHRC PNA