



Lawrence College, Ghora Gali,
Murree.

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LCMUN'19 (29th to 31st August, 2019)

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.		UNSC
2.		SOCHUM
3.		DISEC
4.		PNA
5.		Crisis Committee

Name of the Chaperone: _____

Contact No: _____

Head Delegate

Name: _____

Cell No: _____

Email: _____

Details of Individual Delegate

Name: _____

Institution's Name: _____

Cell No: _____

Preferred Committee: _____

Preferred Country: _____