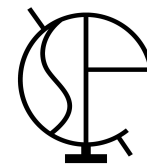




**2020**  
**DUNMAN HIGH MODEL ASEAN PLUS SUMMIT**  
*Registration Form (Local)*



**Registration Information**

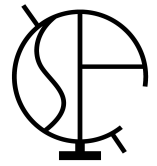
1. Upon completion of the registration form, please email it to [aseanplus.communications@dhs.sg](mailto:aseanplus.communications@dhs.sg) by **21 February 2020** for early bird registration and by **14 March 2020** for normal registration.
2. The registration fees are \$50 for early bird registration and \$65 for normal registration.
3. Please note that there are 2 parts to this form that has to be completed. The first section contains details of delegates and the second section contains their respective council choices. Please list the delegates in the same order in both forms.
4. One delegation consists of a maximum of 6 delegates and each school can send 2 delegations at most.
5. To qualify for the best delegation award, the delegation needs to have a minimum of 5 delegates.
6. If you are sending more than 1 delegation, do duplicate Section 1 and Section 2 as additional pages accordingly.
7. Every delegation has to allocate their delegates into different councils. Delegates are also strongly recommended to choose the councils according to their level of experience.
8. While the Secretariat will take the delegates' choices into consideration, do understand that the final council allocations are at the discretion of the Secretariat.



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# DUNMAN HIGH MODEL ASEAN PLUS SUMMIT

*Registration Form (Local)*



| Institution Information  |                   | Chaperone Information |   |
|--|-------------------|-----------------------|---|
| Institution Name:  |                   | Chaperone Name:       | *Ms/Mr/Mrs/Mdm/Dr   |
| Institution Address:   |                   | E-mail Address:       |   |
| Name of Teacher-in-Charge:   | *Ms/Mr/Mrs/Mdm/Dr | Contact number:       |   |
| E-mail Address of Teacher-in-Charge:   |                   | T-Shirt Size:         | *XS/S/M/L/XL/T-Shirt not required for Teacher                                       |
| Contact Number of Teacher-in-Charge**:   |                   | Dietary Preferences:  | Halal/Vegetarian/Others:<br>(Eg: No beef, allergic to seafood, fasting for Ramadan) |
| <p>Is your institution subsidising participation costs for the delegates?</p> <p><input type="checkbox"/> Yes, my institution will be fully subsidising the participation cost for the delegates.</p> <p><input type="checkbox"/> No, my institution will not be subsidising the participation cost for the delegates.</p> |                   |                       |   |

Note: All fields are to be filled up

\* Please delete where necessary



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# DUNMAN HIGH MODEL ASEAN PLUS SUMMIT

Registration Form (Local)



## Section 1: Delegates Information

|                             | Delegate 1<br>(Head delegate)   | Delegate 2  | Delegate 3  | Delegate 4  | Delegate 5  | Delegate 6  |
|-----------------------------|---|---|---|---|---|---|
| Full Name:                  |   |   |   |   |   |   |
| Date of Birth:              |   |   |   |   |   |   |
| Gender:                     |   |   |   |   |   |   |
| Nationality:                |   |   |   |   |   |   |
| Medical Conditions:         |   |   |   |   |   |   |
| Dietary Preferences:        | Halal/Vegetarian/<br>Others:<br>(Eg: No beef, allergic to seafood, fasting for Ramadan) | Halal/Vegetarian/<br>Others:<br>(Eg: No beef, allergic to seafood, fasting for Ramadan) | Halal/Vegetarian/<br>Others:<br>(Eg: No beef, allergic to seafood, fasting for Ramadan) | Halal/Vegetarian/<br>Others:<br>(Eg: No beef, allergic to seafood, fasting for Ramadan) | Halal/Vegetarian/<br>Others:<br>(Eg: No beef, allergic to seafood, fasting for Ramadan) | Halal/Vegetarian/<br>Others:<br>(Eg: No beef, allergic to seafood, fasting for Ramadan) |
| T-Shirt Size*:              | XS/S/M/L/XL   | XS/S/M/L/XL   | XS/S/M/L/XL   | XS/S/M/L/XL   | XS/S/M/L/XL   | XS/S/M/L/XL   |
| E-mail Address:             |   |   |   |   |   |   |
| Contact Number (Home):      |   |   |   |   |   |   |
| Contact Number (Mobile):    |   |   |   |   |   |   |
| Name of Emergency Contact:  |   |   |   |   |   |   |
| Relationship with delegate: |   |   |   |   |   |   |
| Contact Number:             |   |   |   |   |   |   |

Note: All fields are to be filled up

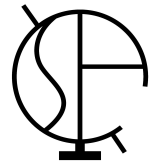
\* Please delete where necessary



2020

# DUNMAN HIGH MODEL ASEAN PLUS SUMMIT

Registration Form (Local)



## Section 2: Choice of Council

| Level of Difficulty | Council  |
|---------------------|--|
| Beginner            | ASEAN Intergovernmental Commission on Human Rights (AICHR) |
|                     | ASEAN Regional Forum (ARF)                                 |
| Non-Beginner        | ASEAN Telecommunications and IT Meeting (TELMIN)           |
|                     | ASEAN Investment Area Council (AIA)*                       |
|                     | Press Corps  |
|                     | Historical Crisis Committee (HCC)                          |

### \*Double Delegation Councils

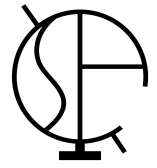
|   | Name           | No. of Experience* | List any prior awards, if any. | Choice 1 | Choice 2 | Choice 3 | Preferred Double-Delegate (if applicable) |
|---|----------------|--------------------|--------------------------------|----------|----------|----------|---|
| 1 | E.g John Tan   | 2                  | 1                              | AIA      | AICHR    | ARF      | Amanda Lee                                |
| 2 | E.g Amanda Lee | 2                  | 2                              | Press    | AIA      | TELMIN   | John Tan                                  |
| 3 | E.g Kelly Chan | 0                  | 0                              | HCC      | TELMIN   | AIA      |   |
|   |                |                    |                                |          |          |          |   |
| 1 |                |                    |                                |          |          |          |   |
| 2 |                |                    |                                |          |          |          |   |
| 3 |                |                    |                                |          |          |          |   |
| 4 |                |                    |                                |          |          |          |   |

Note: All fields are to be filled up

\* Please delete where necessary



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*Note: All fields are to be filled up*  
*\* Please delete where necessary*