**FORMATO DE REGISTRO XIX CELMUN**

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| **Datos de la institución** | |
| **Nombre** |  |
| **Teléfono** |  |

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| **Datos del asesor o faculty** | |
| **Nombre** |  |
| **Teléfono** |  |
| **Correo electrónico** |  |

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| **Nombre Completo** | **1°Comité**  **(siglas)** | **Países**  **(2)** | | **2°Comité**  **(siglas)** | **Experiencia en Modelos ONU** |
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**TOTAL DELEGADOS:**