



**Model Security Council Simulation 2017
Registration Form
March 23-25, 2017**

School Name: _____

Country: _____ City: _____ State: _____

Application Contact Name: First: _____ Last: _____

Application Contact Email: _____

Confirm Email: _____

Application Contact Phone Number: _____

Faculty Advisor:

First: _____ Last: _____

Faculty Advisor(s) Email: _____

List Member States you would like to represent.

- Before making choices, review the Committee/Country Matrix.
- Please select no more than 2 of the Permanent 5 (China, France, Russia, UK, USA)

Preference 1: _____

Preference 2: _____

Preference 3: _____

Preference 4: _____

Preference 5: _____

Preference 6: _____

What is the minimum number of delegates expected to attend?: _____

What is the maximum number of delegates expected to attend?: _____

This number should be no more than 2 over your minimum, e.g. if minimum is 4, maximum should not be more than 6.

Preferred Method of Payment: _____

(Check, Paypal Invoice, Credit Card)

Will your group need housing in Washington, DC for the duration of the program?

Y / N

MAIL COMPLETED FORM TO:

Osgood Center for International Studies

1629 K St. NW, Suite 300

Washington, D.C. 20006

OR EMAIL TO: Dr. Shelton Williams at swilliams@osgood.org