

DELEGATE APPLICATION FORM 2024

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GIVEN NAME					FAM	LY NAI	ME									
EMAIL					CELL PHONE NUMBER											
COUNTRY OF BIRTH					GEND	IER () Mal	e 🔾	Female							
DATE OF BIRTH					NATI	ONALIT	Υ									
DIET REQUIREMENT					AGE									L	(Click on the box and insert your portrait photo with	
EMERGENCY CONTACT NAME					EMERGENCY CONTACT NUMBER								clear background)			
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Please write your name in BLOCK LETTE USD20.00/- if you require us to replace you with this application.																
NAME ON CONFERENCE BADGE (Not n	nore thai	n 15 cha	ıracters	s)				NAME	ON CER	TIFICATI						
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CURRENTLY ENROLLED AS	○ U	ndergrad	luate (B	A, BSC, e	tc.)			◯ Gr	aduate (N	1A, MSC,	etc.)		() Do	octoral (PHD, etc.)	
YEAR OF STUDY	<u> </u>	st year						<u> </u>	d year				(○ 3r	d year and above	
MAJOR FIELD OF STUDY								SECON	DARY FII	ELD OF S	TUDY (lf appli	icable)			
UNIVERSITY								FACULT	ГҮ							

HOW WOULD YOU DEFINE PEACE?
WHAT CAN YOU DO TO PROMOTE PEACE-BUILDING?
WHAT DO YOU HOPE TO ACHIEVE AS A HUMANITARIAN AFFAIRS PEACE AMBASSADOR?

Please email completed form to Peace.Summit@humanitarianaffairs.org