

Group Registration Form

“WEMUN New York 2027”

WEMUN Model United Nations Conference Group/School Sign-Up Form

Dates: February 8 – 11, 2027

Location: New York, United States of America

Participant School/Delegation (full name of the school/club/association):

Principal/Director's Full name: _____

Min. Number of expected Faculty advisors: _____

Max. Number of expected Faculty advisors: _____

Min. Number of expected Students: _____

Max. Number of expected Students: _____

Grade Level: _____

School Email: _____

School Phone Number: _____

Faculty Advisors email address:

ARTICLE 1 – PREAMBLE

WE THE PEOPLE MODEL UNITED NATIONS - WEMUN, with its headquarters at 3050 Devon Ave, Chicago, IL 60659, is an organization committed to organizing diplomatic simulation programs for high school and college students. WEMUN's mission focuses on the personal growth of individuals by organizing educational activities for high school and university students from all over the world, promoting the Model United Nations as a highly institutional tool for the global development of education and research. **WE THE PEOPLE MODEL UNITED NATIONS** promotes the study of languages, International Law, National and International Economic Processes of countries, and cultural exchanges worldwide.

This document serves the purpose of collecting the candidate's data for the **WEMUN 2027** project (and of their legal guardian in the case of minors) for purposes directly related to event registration, logistical coordination, communication with participants and their families, and the overall administration of our services. This information may include, but is not limited to, names, dates of birth, contact details, emergency contacts, passport or visa information, medical or dietary needs, academic background, and travel arrangements. All data is collected through secure platforms and handled with the highest degree of confidentiality.

SCHOOL REGISTRATION FEE - Mandatory

School Registration Fee is 120 USD per school group.

Please note: the school registration Fee, is mandatory to participate at the conference, and includes Certificate of Attendance, in person training, and Conference Materials. Does not include Food at the Conference.

How many students do you have? _____

Accommodation Packages - Optional

Please note that hotel stays are limited to a maximum occupancy of 4 people per room.
The group booking fee is charged per room, per night.

Please mark your selected package by ticking the box on the left side.

Hyatt Regency Hotel Times Square

☐ **Standard Package:** USD 280 per Room/Night at Hyatt Regency Hotel Times Square

- **Stay:** Check in Feb. 7th / Check out Feb.11th (4 nights)
- **Location:** Hyatt Regency Hotel Times Square
- **Room Type:** Double/ Double - up to 4 guest per room

☐ **Premium Package:** USD 280 per Room/Night at Hyatt Regency Hotel Times Square

- **Stay:** Check in Feb. 5th / Check out Feb.12th (7 nights)
- **Location:** Hyatt Regency Hotel Times Square
- **Room Type:** Double/ Double - up to 4 guest per room

New York Marriott Marquis Hotel Times Square

☐ **Standard Package:** USD 350 per Room/Night at New York Marriott Marquis Hotel Times Square

- **Stay:** Check in Feb. 7th / Check out Feb.11th (4 nights)
- **Location:** Marriott Marquis Hotel Times Square
- **Room Type:** Double/ Double - up to 4 guest per room

☐ **Premium Package:** USD 350 per Room/Night at New York Marriott Marquis Hotel Times Square

- **Stay:** Check in Feb. 5th / Check out Feb.12th (7 nights)
- **Location:** Marriott Marquis Hotel Times Square
- **Room Type:** Double/ Double - up to 4 guest per room

How Many Rooms Do You Need?

Write here the number of requested rooms:_____ and we will send you an invoice as per your requested packages.

Please remember: the maximum occupancy is 4 people per room!

PAYMENTS INSTRUCTIONS

Please complete your package payment via wire transfer using the banking details below:

BANK NAME: JP MORGAN CHASE BANK

COMPANY NAME: WE THE PEOPLE MUN

ACCOUNT NUMBER: 650596110

ROUTING ACCOUNT: 071000013

SWIFT/BIC CODE: CHASUS33

ADDRESS: 3050 W DEVON AVE CHICAGO, IL 60659 – 1425

Kindly ensure that your full name and the selected package are clearly indicated in the wire transfer payment reference for proper identification and processing.

Upon completion of the wire transfer, please send a copy or proof of payment to our Finance Department at payments@wemun.org.

Once your payment has been verified, a confirmation will be issued accordingly.

Please note:

Bank Fees on Payment must be covered by the purchaser, and all payments must be sent in USD currency.

Visas

Participants are responsible for obtaining their own U.S.A. visa. WEMUN cannot assist with visa applications. Please consult your nearest U.S.A. embassy or consulate.

I hereby release and hold harmless, the event organizers from liability for any injury, loss, or damage during this event.

School/Club Principal's Full Name: _____

School/Club Principal's Signature: _____

Date: _____ / _____ / _____

Submission instructions:

Please return this completed form to info@wemun.org .

WEMUN STAFF