



## APPLICATION FORM

1. First Name(s): \_\_\_\_\_
2. Surname \_\_\_\_\_
3. Gender \_\_\_\_\_
4. Age \_\_\_\_\_
5. Mailing address \_\_\_\_\_
6. City \_\_\_\_\_
7. Country \_\_\_\_\_
8. Phone number (include country and area code) \_\_\_\_\_  
Mobile phone \_\_\_\_\_
9. E-mail address \_\_\_\_\_
10. Marianist Family Branch (MLC, FMI, AM or SM) \_\_\_\_\_
11. Category of Participation  
 National Delegate     International Team  
 Official Observer     Advisor     Honored Guest/Speaker  
 Organizational Team     Translator     Companion (specify): \_\_\_\_\_
12. Do you belong to the National Council of MLC in your country? \_\_\_\_\_
13. What languages do you speak?  Spanish     French     English     Other \_\_\_\_\_
14. Could you help us with written translations during the meeting? Yes  No
15. Do you have any dietary, health, or accessibility requirements that the organizational team may need to take into account for you?  
\_\_\_\_\_  
\_\_\_\_\_
16. Type of room:  
 Double. Do you wish to share your room with someone in particular? Please write his/her full name. \_\_\_\_\_  
 Individual. (Single room use supplement \$35)
17. How will you arrive in Seoul? Plane \_\_\_\_ Car \_\_\_\_ Train \_\_\_\_
18. Plane/train. Arrival information in Seoul:  
Date \_\_\_\_\_ Hour \_\_\_\_\_ Place \_\_\_\_\_  
Flight/train information \_\_\_\_\_
19. Plane/train. Departure information from Seoul:  
Date \_\_\_\_\_ Hour \_\_\_\_\_ Place \_\_\_\_\_  
Flight/train information \_\_\_\_\_
20. Please indicate name and phone number of a person that the organization may need to contact in case of emergency.  
First and last name \_\_\_\_\_  
Phone number (include country and area code) \_\_\_\_\_
21. Estimated cost of travel (\$ or €, specify): \_\_\_\_\_

Please e-mail this form **before April 30th 2018** (even if some of the travel information is incomplete) to Béatrice Leblanc: [bealeblanc65@gmail.com](mailto:bealeblanc65@gmail.com) requesting acknowledgement of receipt.