



SRMUN, Inc.
www.srmun.org

SRMUN ATLANTA 2020 REGISTRATION FEES AND PAYMENT FORM

Step 1:

School Registration Fee: \$ 150 / 155*

Delegate Fee:

\$ 40 / \$ 43* x _____ (no. of delegates) = \$ _____ (Total Delegate Fee)

Total Fee: \$ _____ (Sum of fees)

There is no attendance fee for faculty advisors.

**If paying by credit card or PayPal, the fees will be \$155 and \$43.*

Step 2: Payment Method Please check one of the following:

Check* (Check number: _____) Visa** MasterCard**

* If paying by check, please make payment to "SRMUN."
Please include your school's name on the check.

** If paying by Visa or MasterCard, please fill out the following information:

Name of institution: _____

Name as it appears on the card: _____

*Billing address: _____

*Billing City, State, and Zip Code: _____

Card Number: _____ Back panel security code: _____

Expiration date: ____ / ____ Amount to charge: \$ _____

Signature of cardholder: _____

*** For payments, please provide your credit card billing address and zip code.**

Please mail this form to:

SRMUN, Inc.
c/o Mr. Michael Oleaga, Executive Director
PO Box 944
Bronx, NY 10472

If you have any questions, please email michael.oleaga@srmun.org.

