

Name of Event: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Name of the CMO: \_\_\_\_\_

|    | Name | Function in the Team | Email address | Mobile phone Number | Country Team | Signature |
|----|------|----------------------|---------------|---------------------|--------------|-----------|
| 1  |      |                      |               |                     |              |           |
| 2  |      |                      |               |                     |              |           |
| 3  |      |                      |               |                     |              |           |
| 4  |      |                      |               |                     |              |           |
| 5  |      |                      |               |                     |              |           |
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| 10 |      |                      |               |                     |              |           |
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| 12 |      |                      |               |                     |              |           |
| 13 |      |                      |               |                     |              |           |
| 14 |      |                      |               |                     |              |           |
| 15 |      |                      |               |                     |              |           |

This Form must be returned at [AEvent@isu.ch](mailto:AEvent@isu.ch)