ÉVIAN III
STUDENT EDUCATIONAL LEADERSHIP FORUM

# STUDENT DELEGATE REGISTRATION FORM

NOVEMBER 8–11, 2026 · HÔTEL ROYAL · ÉVIAN-LES-BAINS, FRANCE

*1938: What did your nation say? 2026: Knowing what followed, what will you do?*

Évian III seats thirty-two student delegates, one for each of the thirty-two nations represented at the 1938 Évian Conference. Complete this form on your computer or by hand, then return it by email. Registrations are reviewed on a rolling basis and confirmed by email.

## 01 Student Delegate Information

FULL LEGAL NAME — AS IT APPEARS ON YOUR PASSPORT

PREFERRED / BADGE NAME

DATE OF BIRTH

NATIONALITY / CITIZENSHIP

COUNTRY REPRESENTED AT ÉVIAN III — ONE DELEGATE PER NATION

Select your nation

HOME ADDRESS

CITY / STATE / POSTAL CODE / COUNTRY

MOBILE PHONE — INCLUDE COUNTRY CODE

PRIMARY EMAIL

## 02 University / Institutional Information

UNIVERSITY / COLLEGE

CITY / COUNTRY

SCHOOL / FACULTY / DEPARTMENT

DEGREE PROGRAM / MAJOR

CURRENT YEAR / EXPECTED GRADUATION

ORGANIZATION REPRESENTED (IF DIFFERENT)

FACULTY ADVISOR / SPONSORING OFFICIAL

ADVISOR EMAIL / TELEPHONE

## 03 Delegate Profile

WHY ARE YOU INTERESTED IN PARTICIPATING IN ÉVIAN III?

AREAS OF INTEREST — CHOOSE AS MANY AS APPLY

- ☐ Holocaust history & memory
- ☐ Refugee/migration policy
- ☐ Antisemitism & intolerance
- ☐ Human rights
- ☐ Diplomacy/international relations
- ☐ Leadership & ethics
- ☐ Interfaith/intercultural dialogue
- ☐ International law
- ☐ Other — specify below

IF OTHER, PLEASE SPECIFY

RELEVANT ACADEMIC, LEADERSHIP, COMMUNITY, OR ORGANIZATIONAL EXPERIENCE

## 04 Travel Information

Answer what you can. Flight details may be provided later when confirmed.

INTERNATIONAL AIR TRAVEL REQUIRED?

☐ Yes ☐ No

DEPARTURE CITY / AIRPORT

ARRIVAL DATE / TIME

DEPARTURE DATE / TIME

PASSPORT COUNTRY

PASSPORT EXPIRATION DATE

VISA REQUIRED FOR FRANCE / SCHENGEN?

☐ Yes ☐ No ☐ Unsure

OFFICIAL INVITATION LETTER REQUIRED?

☐ Yes ☐ No

## 05 Accommodation

ACCOMMODATION THROUGH ÉVIAN III?

☐ Yes ☐ No

CHECK-IN DATE

CHECK-OUT DATE

ROOMING CONSIDERATIONS / REQUESTS

## 06 Dietary & Accessibility Requirements

DIETARY REQUIREMENTS / PREFERENCES

☐ None ☐ Vegetarian ☐ Vegan
☐ Kosher ☐ Halal ☐ Gluten-free

OTHER DIETARY REQUIREMENT

FOOD ALLERGIES / INTOLERANCES

ACCESSIBILITY ASSISTANCE NEEDED?

☐ No ☐ Yes

IF YES, PLEASE DESCRIBE THE ASSISTANCE YOU NEED

## 07 Emergency Contact

Someone we can reach while you are travelling.

FULL NAME

RELATIONSHIP TO DELEGATE

COUNTRY

PRIMARY TELEPHONE — INCLUDE COUNTRY CODE

ALTERNATE TELEPHONE

EMAIL

## 08 Health & Safety

Provide only information you believe is necessary for your safety and participation.

IS THERE INFORMATION ORGANIZERS SHOULD KNOW IN ORDER TO ASSIST YOU APPROPRIATELY IN AN EMERGENCY?

☐ No ☐ Yes

IF YES, RELEVANT INFORMATION

HEALTH / TRAVEL INSURANCE FOR FRANCE?

☐ Yes ☐ No ☐ In process

PROVIDER / EMERGENCY ASSISTANCE NUMBER (OPTIONAL)

## 09 Language & Communication

PRIMARY LANGUAGE

OTHER LANGUAGES SPOKEN

ENGLISH PROFICIENCY

☐ Fluent ☐ Advanced ☐ Intermediate ☐ Basic

LANGUAGE ASSISTANCE REQUIRED?

☐ No ☐ Yes

IF YES, WHICH LANGUAGE?

## 10 Photography, Video & Media

Évian III may be photographed, filmed, or recorded for educational, historical, archival, press, and promotional purposes.

PHOTOGRAPHY AND RECORDING

- ☐ I consent to being photographed and/or recorded.
- ☐ Please contact me regarding permissions.

MEDIA INTERVIEWS

- ☐ I am willing to be contacted about media interviews.
- ☐ I prefer not to participate in media interviews.

## 11 Delegate Responsibilities

By registering as an Évian III Student Delegate, I understand that participation involves attendance at scheduled educational sessions and respectful engagement with delegates representing different countries, cultures, institutions, backgrounds, and perspectives. I agree to follow reasonable Forum, hotel, travel, and safety requirements communicated by the organizers.

ACKNOWLEDGMENT

- ☐ I acknowledge and agree.

## 12 Final Registration

If you are completing this form on a computer, typing your name below has the same effect as signing it.

DELEGATE SIGNATURE — TYPE OR SIGN

DATE

If the delegate is under 18, a parent or legal guardian must also complete the following. Leave blank if the delegate is 18 or over.

PARENT / LEGAL GUARDIAN NAME

GUARDIAN SIGNATURE — TYPE OR SIGN

TELEPHONE / EMAIL

DATE

HOW TO RETURN THIS FORM

### Save the completed file and email it to Hugh Baver.

elihubaver@gmail.com

Filling this in on a computer? Save the file before you email it, so that your answers are stored in the document.