



Manfred Lachs Space Law Moot Court Competition

Registration Form-2022

PARTICIPATING INSTITUTION

Name: _____

FACULTY ADVISOR

Name: _____

Position: _____

Department: _____

Address: _____

Phone: _____

Email: _____

FACULTY ADVISOR ASSISTANT (if applicable)

Name : _____

Position: _____

Affiliation: _____

Phone: _____

Email: _____

CONTACT PERSON

Name: _____

(Contact may be a student member of team, faculty advisor or assistant)

Tel.: _____

Fax (optional): _____

E-mail: _____

STUDENTS

1) Student's Name: _____

Degree: _____

Phone: _____

Email: _____

2) Student's Name: _____

Degree: _____

Phone: _____

Email: _____

3) Alternate Student: (if any):

Student's Name: _____

Degree: _____

Phone: _____

Email: _____





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 Faculty Advisor Assistant (if any): _____
 Student 1: _____
 Student 2: _____
 Student 3 (if any): _____

Date: _____
 Date: _____
 Date: _____
 Date: _____
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