



*in Association with*



The Arbitration Centre Moscow

**CHARTERED INSTITUTE OF ARBITRATORS  
EUROPEAN BRANCH**

**COURSE REGISTRATION FORM**

**Introduction to International Arbitration - Moscow 2017**

**Personal details (Please type or write in BLOCK CAPITALS):**

First Name:..... Family Name: .....

Title: ..... Gender: Male / Female

Address: .....

.....

.....

Email address.....

**Course information:**

Please state the course that you wish to attend: ***Introductory Course in International Arbitration***

Date of course: **16<sup>th</sup> December 2017**

**Venue:**

*The venue in Moscow for this course will be delivered at the headquarters of the **Arbitration Center, Institute of Modern Arbitration, Moscow***

**\*Course Fees: EUR280.-**

**Declaration:**

I certify that the information provided is accurate to the best of my knowledge. I have read and hereby accept the Course Information provided.

**Applicant's Signature:**

**Date:**

**\*\*AFTER COMPLETION AND SIGNATURE, PLEASE SUBMIT THIS REGISTRATION FORM IN EITHER WORD OR .PDF FORMAT (NOT AS JPEG ETC.) TO:**

[training@ciarb-europeanbranch.com](mailto:training@ciarb-europeanbranch.com)

\*After receipt of this completed Registration Form, the candidate will receive confirmation of attendance on the designated course from the Training Course Director. Thereafter and only then, the appropriate Course Fees may be paid by bank transfer. Bank details will be supplied within the acceptance mail.

\*\* Please attach a copy of your recent CV to the Registration form.