



CHARTERED INSTITUTE OF ARBITRATORS

EUROPEAN BRANCH

TRAINING COURSES 2017

COURSE REGISTRATION FORM

Personal details :

First Name:..... Family Name:

Title: Gender: Male / Female

Address:

.....

Country:

Delivery Address (If different from above for delivery of Course Materials and results):

.....

.....

Country:

Email address.....

Course information:

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

Date of course:.....4 November 2017.....

Location:... **VASIL KISIL AND PARTNERS, 17/52A Bohdan Khmelnytsky Street Kyiv 01030 Ukraine**

Course Fee:EUR 145

Fees:

After receipt of this completed Registration Form, the candidate will receive confirmation of attendance on the designated course from the Training Course Director.

Thereafter the appropriate fee may be paid by bank transfer.

Further information:

Please specify any special dietary requirements:

If you have any special needs arising from a disability, please advise us in advance so that suitable arrangements may be made:

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 TO:

training@vkp.ua