



Association for International Arbitration

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REGISTRATION REQUEST

Arbitration in the ACP-EU relation MAY 21st, 2008 Brussels

Please fill in this form in English and send to: Aura Soria de Karel at

conference@arbitration-adr.org

Mr Mrs

Name	<input type="text"/>	First name	<input type="text"/>				
Profession	<input type="text"/>	Organisation	<input type="text"/>				
Address	<input type="text"/>		Phone	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	Fax	<input type="text"/>
Country	<input type="text"/>		Email	<input type="text"/>			
Do you need a certificate of participation?	<input type="radio"/> Yes	<input type="radio"/> No	Date	<input type="text"/>			

Invoice receivers address

(If different from the address above)

Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Country	<input type="text"/>				

Payment in cash to the account number:

ING Bank Belgium

Marnixlaan 24

1000 Brussels

Belgium

AIA Johan Billiet

IBAN paper form: BE18 3101 6881 6765

IBAN electronic form: BE18310168816765

BIC/SWIFT code: BBRUBEBB

¹⁾ According to the Belgian Law of December 8th 1992, I agree that the data above can be seen and modified.