

REGISTRATION FORM

UNIVERSITY OF VERONA LEGAL STUDIES DEPARTMENT– FACULTY OF LAW

**Aula “Bartolomeo Cipolla”
Facoltà di Giurisprudenza,
Via Carlo Montanari, 9 – Verona
27th -28th Juni 2008**

PLEASE FILE IN THE FORM AND SEND IT BY FAX OR E-MAIL TO

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First Name and Surname: _____

Qualification:

☐ Professor

☐ Researcher

☐ Other (Ph.D.)

at University of _____

☐ Other qualification: _____

at (Institution) _____

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