

Introduction to International Arbitration (Online) 10 and 11 July 2025

I wish to register for the above course (leading, subject to successful completion of the course and assessment, to eligibility to apply for Associate membership of Ciarb). **Return this filled form only.**

Registration fee is payable in advance. **Do not fill if you have not paid.**

Personal Information

Title – Mr., Mrs, Miss, Chief, Dr., Prof.:

Name:

Surname:

Physical address:

Telephone number:

Email address:

Primary profession/trade:

Qualifications:

Firm/organisation:

I have read and understood the booking terms and conditions.

Signature: _____
Insert image of your signature here

Date (dd/mm/yyyy):

For Official Use only:

Date of receipt of application (dd/mm/yyyy):

Receipt number:

Date workbook forwarded:

Payment details:

Received by the Manager Ciarb Rwanda Branch: