



**THE 2009 PHILIP C. JESSUP INTERNATIONAL LAW MOOT COURT COMPETITION**

**ADMINISTRATORS REGISTRATION FORM**

**COUNTRY or REGION:** \_\_\_\_\_

**ADMINISTRATOR**

Name: *Mr./Ms./Mrs./Prof./Dr.* \_\_\_\_\_

First

Middle

Last

Institution (*Company, Firm, School, or Organization*): \_\_\_\_\_

*I agree to serve as Administrator of the above-named country or region for the 2008-2009 Philip C. Jessup International Law Moot Court Competition. By agreeing to serve as Administrator, I agree to abide by all rules and regulations of the Jessup Competition as promulgated by the International Law Students Association.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ADMINISTRATOR CONTACT INFORMATION**

Address: \_\_\_\_\_  
*Street and Number* *Building/Apt./Suite*

*City*

*State/Region*

*Postal Code*

*Country*

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**COMPETITION INFORMATION**

*(If information is not available, notify ILSA Office as soon as it is confirmed.)*

**DATE(S):** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**APPROXIMATE NUMBER OF SCHOOLS EXPECTED TO COMPETE:** \_\_\_\_\_

**ADMINISTRATOR'S PRINCIPAL STAFF:**

	<u>Name</u>	<u>Title</u>	<u>Telephone</u>
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____

**COMPETITION FACULTY ADVISOR**

*(Must be completed by Faculty Advisor if Administrator is a student or student group)*

Name: *Mr./Ms./Mrs./Prof./Dr.* \_\_\_\_\_ School: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_