



International Association of
LAW SCHOOLS

Nominee to the 2010 General Assembly Information

Delegate Information

Full Name: _____
Last *First* *M.I.*

University Name: _____
Name of University

Address: _____
Street Address *Room #*

_____ *City* _____ *State/Zip Code* _____ *Country*

Telephone: _____ Alternate Phone: _____

E-mail Address: _____

Visa Information

****The following information is for those in need of Visa Letters to obtain a Visa to enter Italy for this Program***

Passport Number: & Expiry Date: _____

Country of Passport: _____ Birth Date & Gender: _____

Dean/Head of Law School Information

Name of Nominating Dean: _____

Telephone: _____ E-mail Address: _____