

Nominee to the 2011 General Assembly Information

		Delegate Information	
Full Name:	Last	First	M.I.
University Name:		rust	IVI.1.
Address:	Name of University		
Addiess.	Street Address		Room #
	City	State/Zip Code	Country
Telephone:		Alternate Phone:	
E-mail Address:			
	be attending the Educatio te the Educational Confer	onal Conference on Teaching, Legal Education ence Registration Form.	and Strategic Planning?
	ot attending the Education attending Thursday Even	nal Conference: ing's Dinner? There is no fee to attend this ev	ent.
	Dean/H	ead of Law School Information	
Name of Nominatin	g Dean:		
Telephone:		E-mail Address:	
		Visa Information	
Please complete if the	ne delegate is from a coun	try that requires a Visa. To check, click here.	
*The following infor	rmation is for those in nee	d of Visa Letters to obtain a Visa to enter Arge	entina for this Program.
Passport Number:		Expiration Date:	
Country of Passport	:	Birth Date & Gender:	