



Groupe ASA des Jeunes Praticiens
de l'Arbitrage

If you are interested in joining the Group please complete and submit this form:

Last name*:	<input type="text"/>
First name*:	<input type="text"/>
Company*:	<input type="text"/>
Position:	<input type="text"/>
Date of birth*:	<input type="text"/>
Address:	<input type="text"/>
Postal Code:	<input type="text"/>
City*:	<input type="text"/>
Country:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>
E-Mail*:	<input type="text"/>

* required fields

Please complete this form, print it out and fax it to: +41 (0) 61 270 60 05