**The 15th Red Cross International Humanitarian Law Moot (2017)
*(An Inter-University Competition for Asia Pacific Region)***

**Write in BLOCK letters**

**Registration Form**

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| **(I) Details of University** |
| **Name of University(4)** |  |
| **Faculty/School/Department***(formal name in full)***(4)** |  |
| **Website of Faculty/School/Department** *(if any)* |  |
|  |
| **(II) Details of Contact Person *(Such contact person should NOT be in a student status, as delegated by the participating institution.)*** |
| **Contact Person** | Family Name | Mr/Ms/Dr/Prof**(\*)**  | Other Name |  | Post Title |  |
| Phone No. |  | Fax No. |  | Email**(2)** |  |
| Serving Institute&Corresponding Address |  |
|  |
| **(III) Details of Team** |
| **Team Members** | Name | Post Title | Status(e.g. law teacher/ legal practitioner/ legal officer from Red Cross/Red Crescent National Society ) | Male(M) / Female (F) | Degree/Program Enrolled(e.g. LLB) | Past Experience with IHL Moot in HK | Coming to HK(Y/N) | Food Restriction**(3)**(e.g. vegetarian, Halal, etc.) |
| (Family Name) | (Other Name) | (Y/N) | Year & Capacity |
| **Coach (if any)** | Mr/Ms/Dr/Prof**(\*)**  |  |  |  |  |  |  |  |  |  |
| **Mooter(4)** | Mr/Ms**(\*)**  |  |  |  |  |  |  |  |  |  |
| **Mooter(4)** | Mr/Ms**(\*)**  |  |  |  |  |  |  |  |  |  |
| **Researcher (if any) (4)** | Mr/Ms**(\*)**  |  |  |  |  |  |  |  |  |  |

*\*\* Please delete the inappropriate option(s).*

**Remarks**

1. Please refer to **Rule 5a-k** for completion of this Registration Form.
2. The email address will serve for direct communication between the delegation and Secretary/Assistant Secretary(ies) of the Competition.

(3) The organizing body will try to cater, as far as possible, for the needs of participants with respect to their food restriction, but there is no guarantee on such service provision.

(4) Information provided in Part (I) and Part (III) will be used for documentation and preparation of awards, where necessary. Please ensure the appropriateness and accuracy of such information.

**Team Coach / Contact Person Declaration:**

* I attest to all information as stated in this registration form, especially the above declaration made by the team members in relation to their past experience in participating in the IHL Moot (HK regional competition).
* I hereby confirm that the organizing body can make use of the above information for publication of participation list and issuance of certificates and agree to accept the penalty of disqualification for the entire team to participate in the upcoming IHL Moot should false declaration be made.
* On behalf of the team, I also give permission for the organizing body to make use of photos to be taken during the event for its future publication and promotion purposes.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date : |  |  | Signature : |  |  | Name : |  |
|  |  |  |  |  |  |  | (Team Coach / Contact Person) |

**Please send to: ICRC Regional Delegation for East Asia by e-mail:** **BEJ\_IHL@icrc.org** **or by fax: (+86 10) 6532 0633.**