Team Registration Form

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| Country \*: |  |
| Name of the University and Faculty \*: |  |

# Team Coach

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| --- | --- |
| Name of Coach: |  |
|  |  |
| Coach Qualifications: |  |

# Team Member 1 (Mandatory)

|  |  |
| --- | --- |
| Team Member 1 Name \*: |  |
| Team Member 1 Nationality: |  |
| Team Member 1 Studies and Degrees Obtained: |  |
| Team Member 1 Email \*: |  |
| Team Member 1 Gender: |  |

# Team Member 2 (Mandatory)

|  |  |
| --- | --- |
| Team Member 2 Name \*: |  |
| Team Member 2 Nationality: |  |
| Team Member 2 Studies and Degrees Obtained: |  |
| Team Member 2 Email \*: |  |
| Team Member 2 Gender: |  |

|  |  |
| --- | --- |
| How did you hear about the WIPO Moot Competition \*: |  |

Do you understand that by submitting this form, you commit to the financial responsibility to participate in the competition in its entirety and would be willing to travel to Geneva at your own cost if you proceed to the final rounds?

|  |  |
| --- | --- |
| [ ] Yes |  |

Have you read and understood the Rules of the WIPO Moot Competition?

|  |  |
| --- | --- |
| [ ] Yes |  |

Signature of Coach and both competitors:

Coach:

Team Member 1:

Team Member 2:

Date…………………………..Place………………………………………………………………