

|  |
| --- |
| **YEDITEPE UNIVERSITY FACULTY OF LAW****10th EUROPEAN UNION LAW SUMMER SCHOOL****20 JUNE - 1 JULY 2016 / ISTANBUL** |

**REGISTRATION FORM**

|  |
| --- |
| **Please read the attached admission conditions before filling the form.** |
| **Name - Surname** |  |
| **University & Faculty** **or Institution** |  |
| **Year in the Faculty/****or Position**  |  |
| **Address** |  |
| **Postal Code and City** |  |
| **Country** |  |
| **E-mail** |  |
| **Mobile**  |  |
| **Phone** |  |