

# Application Form

## Young European Lawyers Contest 2023

Event number: 222DT174

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Title  Ms  Mr Other \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

E-Mail \_\_\_\_\_

Telephone \_\_\_\_\_

Organisation \_\_\_\_\_

Position \_\_\_\_\_

Department \_\_\_\_\_

Street + Number \_\_\_\_\_

Postcode + City \_\_\_\_\_

Country \_\_\_\_\_

I am supported by the following bar \_\_\_\_\_

I hereby confirm that I have read and accept the *terms and conditions of participation* ([www.younglawyerscontest.eu/terms-conditions](http://www.younglawyerscontest.eu/terms-conditions)), *ERA's General Terms and Conditions* ([www.era.int/?100305&en](http://www.era.int/?100305&en)) and that the information given is correct.

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Place, Date

Signature

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Young European  
Lawyers Contest



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