

THE 1st MALAYSIA SPACE LAW MOOT COURT COMPETITION 2025 (PMPA 2025)

Registration Form

Name of Institution:						
Faculty/School/Department <i>(Full official name):</i>						
Website of Faculty/School <i>(if any):</i>						
Contact Person <i>(Coach / Team Advisor):</i>	Name:					
	Title/Position:					
	Gender:					
	Contact No.:					
	E-mail Address¹:					
	Dietary Restrictions²:					
Official Corresponding Address:						
Role	Full Name	Title/Status	Gender <i>(M/F)</i>	Program Enrolled <i>(e.g., LL.B.)</i>	Dietary Restrictions² <i>(e.g., vegetarian)</i>	
First Mooter						
Second Mooter						
Third Mooter						

*This form must be completed in **BLOCK LETTERS** and returned to the secretariat by the registration deadline.*

Remarks:

1. The e-mail address stated shall serve as the primary means of communication between the Organisers and the Participating Team.
2. The Organisers will endeavor to accommodate special dietary needs, as far as practicable, but provides no guarantee of such provision.
3. The information provided in this Registration Form will be used for documentation and the preparation of certificates and awards. Please ensure the accuracy of all names and particulars.
4. This Registration Form shall be read together with Rules of the Moot Court Competition.

Declaration by the Team Coach / Contact Person:

I hereby certify that all information stated in this Registration Form is true and accurate, particularly the declaration made by the team members concerning their prior participation in this moot court competitions.

I understand that the Organizer reserves the right to use the information provided herein for the publication of the participation list and the issuance of certificates. I further agree, on behalf of the team, to accept the penalty of disqualification for the entire team should any false declaration or misrepresentation be made.

On behalf of the team, I hereby grant permission to the Organizer to use any photographs and/or video recordings taken during the event for future publication, promotional, and archival purposes.

Full Name: **Signature:** **Date:**
(Team Coach / Contact Person)