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Presents and invites you to

International & Interdisciplinary Roundtable on Space Governance

(a high-level interdisciplinary discussion on space, its governance and its peaceful use)

DATE & TIME: Wednesday, 6 May 2009, from 14.00 to 18.00

VENUE: Moot Court, Faculty of Law, McGill University,

3644 Peel Street, Montreal, Quebec, Canada

PROGRAM:

14:00 -14:10	Opening Remarks from the Chair: Prof. Dr. Paul Dempsey, Director
	of Institute of Air and Space Law, McGill University, Canada
14:10 - 15:15	Keynote Lecture by Dr. Gerard Brachet, Advisor to the Ministry of
	Foreign Affairs, Paris, France (former Director General of CNES)
15:15 -15:35	Presentation by Dr. K. Kasturirangan, Director, National Institute of
	Advanced Studies, Bangalore, India (former Chairman of Indian
	Space Research Organisation)
15:35 -15:55	Presentation by Dr. K. Doetsch, President, Doetsch International
	Space Consultants, Victoria, Canada (former President of Canadian
	Space Agency and of International Space University)
15:55 -15:20	Presentation by Dr. R. Williamson, Executive Director, Secure World
	Foundation, U.S.
15.30 -15.45	Break
15:45 -18:00	Discussion
18:00 -20:00	Reception

ADMISSION: Free, but only by prior registration with:

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REGISTRATION

International Interdisciplinary Roundtable on Space Governance

6 May 2009: from 14.00 to 18.00 http://www.mcgill.ca/iasl/

VENUE

Moot Court, Faculty of Law, McGill University 3644 Peel Street, Montreal, Québec H4A 1X1

REGISTRATION INFORMATION

In order to attend the Roundtable you must register at least one week prior to this event. To register, please submit the following completed registration form to Catherine Doldirina, by fax at: +1-514-398-8197; by email at: catherine.doldirina@mail.mcgill.ca; or by mail at:

International Interdisciplinary Roundtable on Space Governance Att: Catherine Doldirina 3661 Peel Street, Montreal, Quebec Canada. H3A 1X1

INTERNATIONAL INTERDISCIPLINARY ROUNDTABLE ON SPACE GOVERANCE REGISTRATION FORM

□Mr. □Mrs.	$\Box Ms. \ \Box Dr.$	\Box Prof.	First Name	Initial(s)	Last Name			
Title	Organization / Company / Institution							
Address:	City	State/Pi	rovince	Postal/Zip Code		Country		
Telephone			Fax		Email			
Date			Signat	ture				

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