WALTER SISULU UNIVERSITY

DIRECTORATE OF RESEARCH DEVELOPMENT 5th WALTER SISULU UNIVERSITY INTERNATIONAL RESEARCH CONFERENCE (5th WSU IRC) 22 - 24 AUGUST 2012

Venue: International Convention Centre, East London, Eastern Cape, South Africa

REGISTRATION FORM

Registration entitles the participants to a conference book of abstracts, tea, lunches and social evening. Please submit completed registration form to the Directorate of Research Development – Email: conference@wsu.ac.za. An acknowledgement letter will be sent to you confirming receipt of your registration form within one week from date of submission.

| uate of Submission. | |
|---|--|
| Title: Prof/Dr/Mr/Ms | |
| Last name: | First name: |
| Affiliation/Institution you represent: | |
| Address: | |
| City: | Zip Code: |
| Country: | |
| Tel: Fax: | Email: |
| Date of arrival: Date | of departure: |
| If a WSU staff member: Faculty: | Campus: |
| First Day only: Yes/No | |
| Second Day only: Yes/No | |
| Would you be submitting an abstract? Yes/No | |
| If Yes, what is the provisional title of the abstract?: | |
| REGISTRATION FEES | Payment method |
| Fees will be paid online or on site: Developing countries: R2,500.00 (USD \$350) Developed countries: R4,000.00 (USD \$550) Students: R 1,000.00 (USD \$150) | Money order/cheque MASTER CARD MASTER CARD Credit card #: |
| (Tick where appropriated) | |
| (Please send proof of deposit to: Mr B Mpukwana, Fax: +27(0)47 5022185; Email: bmpukwana@wsu.ac.za) | Bank name: Standard Bank Branch code: 5062 Swift code: SBZAZA JJ Ref: 5th WSU IRC/Initials and Surname |

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