

"Linking knowledg	je producers and m	arginalised communities"	
Date: 15 Novembe	r 2013		
Venue: Tsogo Sun	Hotel, Cape Town		
Final date for subn	nission 20 October	2013	
Particulars of registrat	ion applicant, one form	ı per person	
Surname			
Title	First Name		
Preferred Name			
Institution			
Designation			
Mailing Address			
City			Code
Country			
Telephone			Please add
Fax			codes to numbers
Mobile			TIUTIDETS
e-mail			
Mark with X 15 November 2013 Dietary requirements	Yes No		
Diabetic			
Halaal			
Kosher			
Vegetarian			
Other – please specify:			
		alian and Dissistance	
by signing this form, I ac	ccept the Cancellation Po	blicy, and Discialmer.	
			.
	Signature		Date



REGISTRATION APPLICATION FORM

Please type personal information for registration submission by e-mail and send to Ms Arlene Grossberg, E-mail <u>acgrossberg@hsrc.ac.za</u>, Postal Address: Room 1338, Human Sciences Research Council, Private bag x41, Pretoria 0001

If no response has been received within 4 working days from date of registration submission, please enquire at Telephone: +27 (0) 12 302 2811, or Tel: + 27 (0) 12 302-2368