**REGISTRATION FORM**

Please complete the form and send it to Ms. Alison Bullen [abullen@hsrc.ac.za] or Ms. Mmatsie Masekwa [mmatsiem@wrc.org.za] by Friday 2 November 2012.

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| First name |  |
| Institution |  |
| e-mail |  |
| Telephone |  |
| Cell |  |
| Any special dietary requirements |  |