

WORKSHOP REGISTRATION FORM

ALL PARTICIPANTS ARE REQUIRED TO REGISTER

To register, kindly complete **one form per participant** and email, or fax it to
Tel: 355-2902/4394; Fax: 395-7573; email thibedid@mopipi.ub.bw

REGISTRATION DEADLINE: 18th March, 2013

| PARTICIPANT INFORMATION | | |
|---|------------|----------|
| Last Name/Family Name | First Name | Title: |
| | | |
| <i>Please fill in the relevant details below</i> | | |
| Institution Name | | |
| Department | | |
| Contact Person's Name | | |
| Postal Address | | |
| Physical address | | |
| Phone / Mobile | | Fax: N/A |
| Email Address (Please Print) | | |
| | | |
| Please provide information on additional topics you would like a workshop on | | |
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We look forward to seeing you at the workshop!