**REGISTRATION FORM**

First Name: Click or tap here to enter text.

Surname: Click or tap here to enter text.

Title: Click or tap here to enter text.

Affiliated to Department / Organisation / Institution: Click or tap here to enter text.

Capacity / Job title: Click or tap here to enter text.

Cell phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Special dietary requirements: Click or tap here to enter text.

Where did you hear about this Conference: Click or tap here to enter text.

Other comments / requests: Click or tap here to enter text.

I have included an abstract for consideration

I will only be attending the conference

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**Please return this signed registration form to** [Developmentstudies.conference@mandela.ac.za](mailto:Developmentstudies.conference@mandela.ac.za)  **by no later than 2 September 2014**