

Tree Breeding Course

31 August to 11 September 2009

REGISTRATION FORM

Surname:

Title (Prof/Dr/Mr/Mrs/Ms):

First names:

Affiliation (name of organisation and department):

Postal/mailling address:

Postal/zip code:

City:

State:

Country:

Telephone:

Facsimile:

Email address:

I want to	Please indicate your choice with an 'x'	What will happen
register for the course		The CSIR will send an invoice. Your place is secured upon receipt of payment.
express interest in attending the course		All information regarding the course will be sent to you, but a place is only secured on registration and payment.

For registration please fill in the following information:

Send course invoice to:

Please note:

- Payments must be received before the course or payments can be made at the course if organised beforehand
- Cancellations after 25 July will not be refundable
- Cancellations before 25 July will be subject to a deduction of a 10% administration fee
- Substitute participants will be accepted.

1. Briefly describe your experience, qualifications and background and why you would like to attend this course.

2. Special dietary requirements:

I have read and understood the course announcement as to scope, objectives, course content, duration, attendance and registration requirements and hereby apply to register.

Signature: _____ Name: _____.

Please email or fax this form to The Course Coordinator.

Email: courses@csir.co.za (Subject: Tree Breeding). Fax: +27 12 841 2689 (Attention: Tree Breeding)
Telephone: +27 12 841 3762 or 841 3678