

REGISTRATION FORM

NAME : _____

ORGANISATION : _____

POSTAL ADDRESS : _____

_____ CODE: _____

PHYSICAL ADDRESS : _____

TEL : _____ FAX: _____

(Please print)

In order to enable the CODESA office to make follow-up information available to you, please complete this form.

It will be collected from you during the Conference.

TELEPHONE MESSAGES

TO: _____

FROM: _____

ORG/GROUP: _____

TEL NO: _____

FAX NO: _____

DATE: _____

TIME: _____

MESSAGE: _____

TELEPHONE MESSAGES

TO: _____

FROM: _____

ORG/GROUP: _____

TEL NO: _____

FAX NO: _____

DATE: _____

TIME: _____

MESSAGE: _____
