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**SIXTH MEETING OF THE CAPSCA-AFRICA PROJECT, AND TRAINING OF CAPSCA TECHNICAL ADVISORS (JOHANNESBURG, 12-16 OCTOBER 2015)**

**ATTENDANCE NOTIFICATION AND REGISTRATION FORM**

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| * Please fill and forward the form in the same (MS Word) format. Do not fax, scan or change format to PDF.
* Insert information in the grey empty boxes
* Where appropriate, click to make the appropriate selection
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| 1. Surname
 |  |  |
| 1. Given Name (s)
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| 1. Job Title
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| 1. State/Organization
 |  |
| 1. Mailing Address
 |  |
| 1. Telephone
 |  |
| 1. Fax
 |  |
| 1. E-mail address
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| 1. Hotel
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