1

Registration Form

9TH Africa Symposium on Statistical Development (ASSD) Gaborone, Botswana • 17-21 February 2014

THEME: "Promoting Use of Civil Registration and Vital Statistics in Support of Good Governance in Africa."

DELEGATE DETAILS (Please use CAPITAL LETTERS when filling in this form) (Please fill in your names as they appear in your Passports)

First Name			Last Name					le: .	Male:		Female	
Address:												
City:			State/Province:			Country:						
Country							Po	ostal Code	e:			
Name of Orga	nisation:					ob Title:						
Work Telepho	ne:				М	lobile Phone:						
2 nd Telephone):					ax No.						
Nationality at I	Birth:					Passport No.						
Present Nation	nality:					Passport Expiry Date:						
E-mail Address:		2 nd E-m			nail	ail Address:						
Nearest Airport:						Airline:						
Professional E	Expertise:											
Dietary Requirements:												
Please E-mail or Fax this form to the ASSD Secretariat as follows:												
Ms. Julia Poloko at jpoloko@gov.bw or Ms. Mpho Makgotlwe at mphom@statssa.gov.za												
Mr. William Tshabalala at williamt@statssa.gov.za Fax No +27 12 310 6141												