

**FACULTY OF LAW
*3rd Annual Conference for Emerging Scholars***

***6 November 2017***

**CONFERENCE REGISTRATION FORM
R450.00 – Payable by 20 October 2017**

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE** |  | **SURNAME** |  |
| **INITIAL(S)** |  | **FIRST NAME** |  |
| **ID/PASSPORT NUMBER** |  |
| **UNIVERSITY/ INSTITUTION** |  |
| **EMAIL ADDRESS** |  |
| **TEL NUMBERS** | (work | (mobile)  |
| **POSTAL ADDRESS** |
|  |
|  |
|  |
| **POSTAL CODE** |  |
| **COUNTRY** |  |

**PROFESSION (TICK APPROPRIATE BOX)**

|  |  |
| --- | --- |
| Academic |  |
| Attorney |  |
| Advocate |  |
| Student  |  |
| Other |  |

**If you answered other, please specify:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIETARY REQUIREMENTS (TICK APPROPRIATE BOX)**

|  |  |
| --- | --- |
| Kosher  |  |
| Halaal |  |
| Vegetarian |  |
| Normal |  |
| Other |  |

**If you answered other, please specify:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFERENCE DINNER 21 AUGUST 2017**

|  |  |
| --- | --- |
| Will attend  |  |
| Will not attend |  |

**CONTACT DETAILS OF NEXT OF KIN IN CASE OF EMERGENCY**

|  |  |
| --- | --- |
| Name |  |
| Relation |  |
| Number 1 |  |
| Number 2 |  |

**HOW DID YOU HEAR ABOUT THE CONFERENCE? (TICK APPROPRIATE BOX)**

|  |  |
| --- | --- |
| Email |  |
| Institutions website |  |
| Word of mouth |  |
| Other |  |

 **If you answered other, please specify:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_