

**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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_