

## PRE-REGISTRATION FORM

to be returned by 28<sup>th</sup> September 2007 to

Dave Cole CRIAA SA-DC

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I hereby register for

**The Association for African Medicinal Plant Standards workshop**

**6<sup>th</sup> December 2007, Safari Hotel, Windhoek, Namibia**

Name:  Mr  Ms  Dr  Prof

Institution:

Address:

Tel.:

Fax:

email:

**Nationality of Passport :** \_\_\_\_\_

### Request for financial support

I do need support to be able to participate in the workshop (estimated amount indicated below).

Travel costs to Windhoek Namibia (flight economy class)

SA RAND \_\_\_\_\_ EUR \_\_\_\_\_

Accommodation in Windhoek / or on route

**Please motivate : (Please note that not all requests can be accommodated)**