

## **Delegate Registration Form**

## CONSULTATIVE WORKSHOP ON THE WHITE PAPER ON ARTS, CULTURE AND HERITAGE

DELEGATE INFORMATION Full Name & Title:		DIETARY REQUIREMENTS Please tick the appropriate box	
Institution /		Vegetarian	`
Organization:		Vegetarian	
Postal Address:	<del></del> -	Diabetic	
City:		Halaal	
Country:		Other(specify)	
Postal Code:		(	
Tel:		PEOPLE LIVING WITH	
		DISABILITY	
Fax:	<del></del>	Please tick the appropriate box	
Cell:		Hearing Impaired	·
E-mail address:		Visually Impaired	
424.333.		Physically challenged	
		Other (specify)	
I will attend the workshop in Johannesburg	<b>DATE</b> 18 March 2015	YES	NO
I will attend the workshop in Cape Town	26 March 2015		
will attend the workshop in Port Elizabeth	31 March 2015		
I will attend the workshop in Durban	2 April 2015		
NB: Registering for the conference is essenti Upon receipt of your registration form, a place wi separate form should be completed for each pers requested to submit their forms as soon as possi	Il be secured for you t son attending. Due to	limited space, invited guests are	
· '			_
Signature:	D	Pate:	
Signature:  Please return completed form to Lesego.maloka@		Pate:	









