

**SOUTH AFRICA, AFRICAN UNION, CARIBBEAN DIASPORA CONFERENCE,
16 - 18 MARCH 2005 JAMAICA CONFERENCE CENTER, KINGSTON,
JAMAICA**

REGISTRATION FORM

TITLE (Prof., Dr.): _____

NAME: _____

SURNAME: _____

GENDER: (Male or Female) _____

NATIONALITY: _____

INSTITUTION REPRESENTED:

POSTAL ADDRESS:

TELEPHONE: _____

FAX:

EMAIL:

MOBILE: _____

DIETARY REQUIREMENTS (Kosher, Halaal, Vegetarian, etc)

OTHER SPECIAL REQUIREMENTS:

Completed registration forms should please be faxed, e-mailed or delivered to:

For Attention: Mr. Mpho Mminele
South African High Commission, Kingston, Jamaica
15 Hillcrest Avenue
Kingston 6, Jamaica, WI

Tel: 09 876 978 3160 / 4457

Fax: 09 876 946 2860

E-mail: diaspora_sach@kasnet.com