



SAFCON-2008



Form for Oral presentation (OP) FORM 'OP'

Full Name: Dr./ Mr./Ms/ _____

Designation/Title you hold in the organization _____

Department: _____

Name of the Institution: _____

Country : _____

Title of Oral Presentation: _____

Theme to which the presentation belongs: (Give the name of the sub-theme of which the presentation is a part or approximately a part)

Presentation is: Single author / co authors

Full paper is being sent: Yes/ No

(Signature of the delegate/participant)