

Form P



SAFCON-2008



**PARTICIPATION FORM
FORM 'P'**

Surname	All initials of given name	Dr./Ms/Mr
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For urgent communication please indicate		
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Nationality	Designating Government /organization	
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Do you intend to present a contributed paper? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you intend to present paper as a poster? <input type="checkbox"/> Yes <input type="checkbox"/> No		