



**COVERING POVERTY AND FOOD SECURITY
22-23 APRIL 2010, JOHANNESBURG**

REGISTRATION FORM

Please return this completed form to:
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Delegate:

Last Name: First Name:

Position: Organisation:.....

Work address:
.....

Tel: Fax:

Email:.....

Dietary Requirements:

Seats are limited and will be assigned on a first-come-first-served basis.