



NORTH-WEST UNIVERSITY  
YUNIBESITHI YA BOKONE-BOPHIRIMA  
HOORDWES-UNIVERSITEIT

## REGISTRATION FORM: SHORT COURSE IN NEMATOLOGY

School for Environmental Sciences and Development  
Private Bag X6001  
POTCHEFSTROOM  
South Africa  
2520  
Tel: +27-18-299 2367/299 2376  
Fax: +27-18-299 2503

### Enquiries:

#### Administration and accounts

Miss A Delport                      Tel: +27-18-299 2367  
[adri.delport@nwu.ac.za](mailto:adri.delport@nwu.ac.za)      Cell : 082 340 4607

#### Course contents:

Prof A Mc Donald                      Tel: +27-18-299 6369  
[mcdonalda@arc.agric.za](mailto:mcdonalda@arc.agric.za)

**Please fax/e-mail completed registration forms  
and proof of payment to Adri Delport  
(fax +27-18-299 2503; e-mail [adri.delport@nwu.ac.za](mailto:adri.delport@nwu.ac.za))**

**22 JUNE - 03 JULY 2009**

### COURSE FEES

<b>Package 1:</b>	<b>R 12 000.00</b>	<b>(VAT excl.)</b>
Includes :	<ul style="list-style-type: none"> <li>- Course materials and costs</li> <li>- Accommodation for 12 nights at designated facility</li> <li>- Three meals plus refreshments per day (Foreign students US\$1 950)</li> </ul>	
Excludes:	- Travel costs and alternative arrangements	

<b>Package 2:</b>	<b>R7 500.00</b>	<b>(VAT excl.)</b>
Includes :	<ul style="list-style-type: none"> <li>- Course materials and costs</li> <li>- Lunch and refreshments per day (Foreign students US\$1 190)</li> </ul>	
Excludes:	- Travel costs and alternative arrangements	

### Please mark required package:

Package 1	
Package 2	

### Dietary requirements - (e.g. vegetarian / allergies)

Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deadline for Registration:	30 April 2009 @ 16h00 CAT
Deadline for Payment:	15 May 2009 @ 16h00 CAT

**Failure to meet deadlines will result in forfeiture**

## PERSONAL DETAILS

Please provide all relevant detail

Name & title: \_\_\_\_\_  
ID number: \_\_\_\_\_  
Passport no: \_\_\_\_\_  
Country of issue: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
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Tel\*: \_\_\_\_\_  
Cell\*: \_\_\_\_\_  
Fax\*: \_\_\_\_\_  
E-mail : \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address for invoice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel - accounts dept\*: \_\_\_\_\_  
Fax - accounts dept\*: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
VAT no: \_\_\_\_\_  
Order no (if needed): \_\_\_\_\_  
\_\_\_\_\_  
Position/Occupation: \_\_\_\_\_  
Highest qualification: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Year obtained: \_\_\_\_\_

\*Outside SA please provide intl. dialling codes