

## **PRELIMINARY REGISTRATION FORM**

**Name:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel.No. (W)** \_\_\_\_\_ **(H)** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email** \_\_\_\_\_

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**Indicate your interest in workshops by ticking as appropriate.**

**Day 1: Preservation Management – Day 2: Disaster Management – BOTH DAYS –**

**NB: Preference will be given to persons attending the workshop on both days.**