

12th International Workshop on Plastination

School of Laboratory Medicine and Medical Sciences

University of KwaZulu Natal

02 – 07 July, 2017

Registration Form

Please fill in the form and return to: azu@ukzn.ac.za

Title: _____

Name & Surname: _____

E-mail address: _____

Telephone number: _____

Address: _____

Are you an Academic staff or Technical Staff?

• Department _____

• At which University? _____

• How would you describe your current knowledge of Anatomy?

• How would you describe your current knowledge of Plastination?

If Technical staff:

• In which capacity are you currently employed? _____

• Years of experience: _____

• Main responsibility: _____

• Motivation for attending the workshop:

Signature: _____

Date: _____