

**PAREXEL**

Bioanalytical Services Division



Department of Chemistry, UFS

**MS Training Seminar in Bloemfontein  
REGISTRATION FORM**

**3 – 6 November 2008**

Please mail/fax this form before 16 October 2008 to:

**Prof. JH van der Westhuizen**, UFS Dept of Chemistry (IB 48), PO Box 339, Bloemfontein 9301

Tel: (051) 401-2782 Fax: (051) 444-6384 e-mail: [lcms@ufs.ac.za](mailto:lcms@ufs.ac.za)

**PERSONAL DETAILS**

PROF/DR/MR/MRS/MS:

\*SURNAME:

\*INITIALS:

\*FIRST NAME:

COMPANY:

POSTAL  
ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

CURRENT POSITION / RESPONSIBILITIES:

EXPERIENCE IN MS:

Signature:

Date:

**Fee**

**R 7950-00**

*Fee includes refreshments and lunch*

*Exhibitors space available at R 8000-00 (Vat Reg. No.: 4240106866)*

**PAYMENT INFORMATION (Please consider this form an invoice)**

Cheque

Payable to: **UFS**  
Mail cheque to: **Prof JH van der Westhuizen,**  
**UFS Dept of Chemistry (IB 48) PO Box 339,**  
**BLOEMFONTEIN 9324**

Bank account

Bank details: **UFS, ABSA BANK, PUBLIC SECTOR**  
Code: **630734** Account: **1570850071**  
Reference: **110357728 – 0090**  
Please fax a copy of the deposit slip

**\*Please print clearly – your name badge will be based on the above information**

Limited accommodation available at [Summerwood](#).

Please contact us if you need further assistance.