



**NATURAL PRODUCTS UNIT  
PRODUCT RESEARCH & DEVELOPMENT DIVISION**

**PERSONAL CARE PRODUCTS WORKSHOP  
REGISTRATION FORM**

*NOVEMBER 15 - 17, 2011*

Name of participant: \_\_\_\_\_

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

Tel Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Workshop fee JA\$15,000 per person due November 07, 2011.**  
*(Please make cheques payable to the Scientific Research Council)*

Enclosed is the sum of \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_ participant (s).

Cheque #: \_\_\_\_\_ *(if required)*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

-----  
**FOR OFFICIAL USE ONLY**

Payment Receipt Number \_\_\_\_\_

Stamp/ Signature of Receivable Officer \_\_\_\_\_

**DISCLAIMER: The Scientific Research Council reserves the right to postpone or cancel the workshop at its discretion if response is not favourable.**