**ABSTRACT SUBMISSION FORM**

|  |  |
| --- | --- |
| **Title** | Mr / Mrs / Ms / Dr / Prof |
| **First Names** |  |
| **Surname** |  |
| **Institution**  |  |
| **Department**  |  |
| **Country** |  |
| **Email** |  |
| **Cell phone** |  |
| **Present paper** |  |
| **Convene roundtable** |  |
| **Attendance only** |  |

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| **Provide a short resumé (150 words) of participant(s)** |

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| **Title and Abstract (250 words)** |

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| **Dietary requirements** |
| No requirements |  |
| Food allergies |  |
| Lactose intolerance |  |
| Vegetarian |  |
| Vegan |  |
| Halal  |  |
| Kosher |  |
| Other  |  |

**Submit to:** cgas@ufs.ac.za

**Enquiries can be made to:**

Mosa Seboka at sebokamc@ufs.ac.za

Portia Gailele at gailelepb@ufs.ac.za / Tel: (051) 401 3121