**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)** |

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

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

**Submit to:** [cgas@ufs.ac.za](mailto:cgas@ufs.ac.za)

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Mosa Seboka at [sebokamc@ufs.ac.za](mailto:sebokamc@ufs.ac.za)

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