CONFERENCE REGISTRATION FORM

International Conference on People's Empowerment and Wellbeing

(Please print and return by e-mail)

Participant's information

Title: _____ (Prof./Dr./Mr/Ms./Mrs)

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Middle name: _____

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Organization:_____

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Telephone:_____

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I will participate in person (physically)

☐ *yes* ☐ *no*

I will participate virtually (online)

☐ *yes* ☐ *no*

Date: _____/_____/_____/ Signature:_____

Return address: conferenceregistration@isw.ac.tz