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| Please send your completed registration form to Tumiso Chepape ([tchepape@southernafricatrust.org](mailto:tchepape@southernafricatrust.org)) or submit it via fax to +27 11 318 0814. | |
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| Mr./Mrs./Ms. |  |
| First Name |  |
| Last Name |  |
| Street Address |  |
| Postal Code/ZIP |  |
| City |  |
| Country |  |
| E-Mail |  |
| Daytime Phone |  |
| Organisation |  |
| Profit or Non-Profit? |  |
| Role |  |
| Number of Employees |  |
| Products or Services Offered |  |
| How are you currently engaged in low-income markets? |  |
| Business Idea |  |
| Where did you hear about this workshop? |  |