

ESKOM EXPO FOR YOUNG SCIENTISTS
Regional finals: Stellenbosch

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Regional Judges Coordinator
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JUDGES FORM					
Title		Name		Surname	
Institution /Company/Department					
Tel: (Work)		+27 ()		Fax:	+27 ()
Tel: (Home)		+27 ()		Cell:	+27 ()
				E-mail:	
NO I will not be able to Judge Mark with a X in the box if applicable				YES I would like to be a Judge Mark with a X in the box if applicable	
<u>PREFERENCE</u> Categories you are prepared to judge:		Category Name: (in order of preference)			
		1			
		2			
		3			
PREVIOUS EXPERIENCE AS A JUDGE:					
Number of years as a Judge		Regional:		National Finals:	
Position	Convenor: Mark with a X in the box if applicable			Judge: Mark with a X in the box if applicable	
Please fax this form to M van den Worm: (021) 808 3680 or E-mail to mvdworm@sun.ac.za					