

Quechers Workshop

Participant Pre-registration

NAME: _____

AGENCY/ADDRESS: _____

E-Mail: _____

1). Do you work with pesticides at a laboratory? No Yes

2). If yes, please briefly describe your work. _____

3). Do you test for pesticides in fruits and vegetables, or other food commodities?
If yes, please describe the methods you use. _____

4). Would you be willing to give a brief presentation (3 minutes per person) about
yourself and your work? No Yes

Send Completed Registration Form by E-Mail or Fax to:

Halimatou Traoré
Quality Control Service
Laboratoire Central Vétérinaire or
halimatoutraore@yahoo.fr
Fax: (+223) 224 98 09

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August 13-17, 2007 • Laboratoire Central Vétérinaire, Bamako, Mali