

NATIONAL ARTS COUNCIL OF SEYCHELLES

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BOOK CLUB

Literary Fiction

Registration Form

Name: _____

Profession: _____

Postal Address: (if any) _____

Residential Address: _____

Contact Numbers:

Mobile _____ *Work* _____ *Home* _____

Please list the titles of 5 books of literary fiction that you would recommend to other members of the club. (state title and author)

1. _____
2. _____
3. _____
4. _____
5. _____

What day of the week and time would be the most convenient for you to participate in the book sessions?

Day of the week

Time

Signature

Date

Deadline for the submission of Registration form: August 31, 2007