

COMMUNITY ENGAGEMENT SYMPOSIUM 2014

REGISTRATION FORM: 10 & 11 MARCH 2014

CONTACT DETAILS

Title:	Initials:	Surname:	
Name to be used on name tag:			
Company/Institution:			
Tel:		Fax:	
E-mail address:		Cell:	
Please indicate special dietary requirements:			
Vegetarian	Yes/No	Diabetic	Yes/No
Halaal (R250 additional per day)	Yes/No	Kosher (R250 additional per day)	Yes/No
Other:			
Do you intend to present a paper/workshop/poster?		Yes	No
Do you intend to display books?		Yes	No

REGISTRATION *(Please tick appropriate block/s)*

		Symposium 2 days: Including refreshments and lunch during the day, conference material and social event but Excluding accommodation and transport
		Symposium 1 day: Including refreshments and lunch during the day, conference material but Excluding accommodation and transport
	No additional fee (Delegates only)	Will attend the evening function

DAY VISITORS ONLY: *(Please mark appropriate block/s)*

10 March 2014	11 March 2014
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INVOICE: (Please complete in full, if answer is Yes)

Do you need an invoice?	Yes	No
Company VAT number when requesting an invoice:		
Invoice Postal address:		

PLEASE NOTE: It is the responsibility of the delegate to ensure that a payment is made and proof of payment is send to Ms Margie Calaça

Office use only:

Amount payable:	Receipt number:
Invoice number:	Debtor number:
Reference number:	Method of payment:

