

REGISTRATION FORM

DELEGATE DETAILS

Title _____
First name _____
Surname _____
Organization _____
Department _____
Job title _____

CONTACT DETAILS

Tel _____
Cell _____
Email _____
Full postal _____
Address _____
Postal code _____
City _____
Country _____

DISABILITY ACCESS

My requirements are: _____

SPECIAL REQUESTS

Dietary requirements: Vegetarian ☐ Halaal ☐ Diabetic ☐ ther: _____

METHOD OF PAYMENT

Amount:

R2450-00 per delegate / **R700** per currently registered full-time student

Please note that this amount does not include accommodation. The booking and payment of accommodation is the (separate) responsibility of the delegate.

Bank transfer/deposit: I paid with an electronic transfer ☐ bank deposit ☐ and I am attaching a copy of the proof of payment.

Transfer/deposit date: _____

Reference (Delegate's full name): _____

PAYMENT

Please note that this is a prepaid event. Payment & registration is required by Friday 26 August 2011. **(Fax or email proof of payment with Registration form to Alex Amtaika)**

BANK ACCOUNT DETAILS

Name of the bank: ABSA

Accountholder: University of the Free State

Account no: 1570850071

Branch code: 630734

Branch: Public Sector

Swift Code: ABSAZAJJ

Type: Cheque

Ref: **ICLG2011 plus Surname**

PLEASE QUOTE THE REFERENCE & DELEGATE'S FULL NAME WITH PAYMENT

CONTACT DETAILS

DR Alexius Amtaika

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