

Registrations

I/We are registering to attend

Name of Programme:

Date(s):

I/We are registering to attend as (Tick) where appropriate

Delegate(s) Number

Sponsors Package Exhibitors Scheme

Delegate(s) details

- | | | | |
|-----------------------------|--------------------|--------------|--------------------|
| 1) Prof/Dr/Ms/Mrs/Mr: | Designation: | Email: | Cell/Mobile: |
| 2) Prof/Dr/Ms/Mrs/Mr: | Designation: | Email: | Cell/Mobile: |
| 3) Prof/Dr/Ms/Mrs/Mr: | Designation: | Email: | Cell/Mobile: |
| 4) Prof/Dr/Ms/Mrs/Mr: | Designation: | Email: | Cell/Mobile: |
| 5) Prof/Dr/Ms/Mrs/Mr: | Designation: | Email: | Cell/Mobile: |

Authorized by

Name & Surname:

Association/Organization:

Designation:

Physical Address:

Code:

Postal Address:

Code:

Tel:

Fax:

Mobile:

E-Mail:

Website:

Signature: Date/...../20.....

***This contract is not valid without a signature.**

Payment methods: Electronic transfer / Credit Card / ETF

Account Holder: **SJG Capital (Pty) Ltd**

Bank Details: **First National Bank (FNB)**

Branch: **Balfour Park, Johannesburg**

Branch Code: **21 22 17**

Account Number: **62 55 14 79 45 7**

Swift Code: **firnzajj**

VAT No.: **41 00 28 29 89**



