



P.O. Box 2092, Dennesig 7601 South Africa Tel +27 21 8896311 / 8896312 Fax +27 21 8896335 Email sasev@sasev.org

SASEV CONFERENCE - 23 - 25 AUGUST 2016

Lord Charles Hotel, SOMERSET WEST

REGISTRATION FORM

TITLE Enter Title

SURNAME Enter Surname here

INITIALS Enter initials here

FIRST NAME Enter First Name here
(For name-tag)

COMPANY Enter company name here

POSITION Enter position.

TEL/CELL. NO Enter telephone number.

FAX NO Enter fax number.

E-MAIL Enter email address.

ADDRESS Enter address
Enter address

POSTAL CODE : Enter Postal code

ATTENTIONPlease send completed form and your payment
on or before 12 AUGUST 2016.R100.00 Administration fee on cancellations after
12/08/2016.Last registration and no reimbursement after
12/08/2016.

Please indicate which events you are booking for :

EVENTS	TARIFF	TOTAL
One Day Package Please indicate which day: 23 Aug <input type="checkbox"/> 24 Aug <input type="checkbox"/> 25 Aug <input type="checkbox"/>		
Members (per day)	R 1 800.00	REnter amount
Non-Members (per day)	R 2 900.00	REnter amount
Students (full time)/ Honorary Members (subject to Board's approval) (per day)	R 1 440.00	REnter amount
Two Day Package Please indicate which days: 23 Aug <input type="checkbox"/> 24 Aug <input type="checkbox"/> 25 Aug <input type="checkbox"/>		
Members (for 2 days)	R 3 300.00	REnter amount
Non-Members (for 2 days)	R 4 600.00	REnter amount
Students (Full time)/ Honorary Members (subject to Board's approval)(for 2 days)	R 2 360.00	REnter amount
Three Day Package		
Members (for 3 days)	R 3 800.00	REnter amount
Non-Members (for 3 days)	R 5 350.00	REnter amount
Students (Full time)/ Honorary Members (subject to Board's approval)(for 3 days)	R 2 725.00	REnter amount
TOTAL		R Enter total amount

OR enter full name

SIGNATURE

Enter todays date

DATE

PAYMENT : BANK DETAILS

BANK	ABSA	ACCOUNT NAME	SAWVV
BRANCH	632005 (Stellenbosch)	ACCOUNT NUMBER	740 720 198
ACCOUNT TYPE	CHEQUE	SWIFT CODE	ABSAZAJJ

DIRECT BANK TRANSFER (With no charges to beneficiary) This is the preferred method of payment - for confirmation, attach or fax a copy of the bank remittance with this registration form.