

SASEV CONFERENCE - 23 - 25 AUGUST 2016

Lord Charles Hotel, SOMERSET WEST

REGISTRATION FORM

TITLE _____

SURNAME _____

INITIALS _____

FIRST NAME _____
(For name-tag)

COMPANY _____

POSITION _____

TEL/CELL. NO _____

FAX NO _____

E-MAIL _____

ADDRESS _____

ATTENTION

Please 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.

POSTAL CODE : _____

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	R
Non-Members (per day)	R 2 900.00	R
Students (full time)/ Honorary Members (subject to Board's approval) (per day)	R 1 440.00	R
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	R
Non-Members (for 2 days)	R 4 600.00	R
Students (Full time)/ Honorary Members (subject to Board's approval)(for 2 days)	R 2 360.00	R
Three Day Package		
Members (for 3 days)	R 3 800.00	R
Non-Members (for 3 days)	R 5 350.00	R
Students (Full time)/ Honorary Members (subject to Board's approval)(for 3 days)	R 2 725.00	R
TOTAL		R

SIGNATURE _____

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.