

REGISTRATION FORM

Complete form and email to: geyerg@saiee.org.za



24 - 26 January 2018

Wits, Johannesburg

Surname:			
Full name:		Title:	
University:		VAT Nr : (SA companies only)	
Mobile Nr		Email address:	
Tel Nr (work)		Fax number:	
Postal Address			
Code			
Delegate status:	Author & Co-Author: <input type="checkbox"/> (R1500.00)	Delegate <input type="checkbox"/> (R1500.00)	Registration after <input type="checkbox"/> 15 January 2018 (R1800.00.00)
• Registration and proof of payment on/before 15 January 2018			

Please indicate which of the following will be attended

DATE	DESCRIPTION	Y	N
24 January	TESP meeting		
24 January	Cocktail Function		
25 January	Full day conference		
25 January	Gala Dinner		
	Gala Dinner : Partner at an additional R500.00		
26 January	Full day conference		
Special Dietary requirements	Halaal <input type="checkbox"/>	Kosher <input type="checkbox"/>	Vegetarian <input type="checkbox"/>
			Other (Specify)

INVOICE DETAILS – person responsible for invoice

Contact person	
Telephone Number	
Email address	