

# SANCID SYMPOSIUM

16 – 18 November 2010

Venue: Desert Palace Hotel and Casino Resort, Upington

## Delegate Registration Form

Kindly complete this form and return it to:

**Tel:** ( 051) 436 8145 **Fax:** ( 051 ) 436 6368 **E-mail:** congress@internext.co.za

### Banking Details

**Bank:** ABSA Bank **Account name:** SANCID

**Account number:** 405 689 3978 (**Cheque Account**) **Branch code:** 632 005

**Reference:** Initials and surname

### Personal Information

Surname \_\_\_\_\_ Initials: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_  
(the name to be printed on your name tag e.g. **Mary Rooper**)

Institution: \_\_\_\_\_ (City/Town) \_\_\_\_\_  
(Institution for whom you work)

Tel.: [w] ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell number: \_\_\_\_\_

### Registration Fees

	<b>Early fee before 10 September 2010</b>	<b>After 10 September 2010</b>	
Registration fees	R 2 600.00	R 2 900.00	R _____
Technical Tour	R 200.00	R 250.00	R _____
Day Registration	R1 500.00		R _____

### Will you attend the follow social functions.

**Informal Braai** 16 November 2010

Yes

No

**Spous:** R150.00

R \_\_\_\_\_

**Gala Dinner** 17 November 2010

Yes

No

**Spous:** R200.00

R \_\_\_\_\_

### General: Do you have any special food requirements?

None	Halaal	Vegetarian	Kosher	Diabetic	Other: _____
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**Accommodation:** You are responsible for your own reservation and payment.

**Please note that you will be held personally responsible for full payment of registration fees in the event that your company / organisation do not pay.**