



Registration Form

DELEGATE REGISTRATION DETAILS

Title	Dr <input type="checkbox"/>	Prof <input type="checkbox"/>	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>
Name				
Surname				
Organisation				
Postal Address				
City		Country		Postal Code
Telephone		Fax		Mobile
Email				Membership No

DIETARY REQUIREMENTS - Please indicate with a X

Regular <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Halaal <input type="checkbox"/>	Kosher <input type="checkbox"/>	Diabetic <input type="checkbox"/>
----------------------------------	-------------------------------------	---------------------------------	---------------------------------	-----------------------------------

Gender

Male <input type="checkbox"/>	Female <input type="checkbox"/>
-------------------------------	---------------------------------

DELEGATE REGISTRATION FEES

Conference only - Accommodation excluded

	Membership	Non - Member	Your Total (Please insert amount)
Early Bird Registration until 31 March 2017	R1500 - Full 3 days <input type="checkbox"/>	R2000 - Full 3 days <input type="checkbox"/>	R
Late Registration until 31 May 2017	R 1800 - Full 3 days <input type="checkbox"/>	R2100 - Full 3 days <input type="checkbox"/>	R
Last Minute Registration until 15 June 2017	R 2000 - Full 3 days <input type="checkbox"/>	R2650 - Full 3 days <input type="checkbox"/>	R

SIGN AS CONFIRMATION AND AGREEMENT TO PAYMENT TERMS AND CONDITIONS

Your signature:		Date:	
-----------------	--	-------	--

Payment Terms: 10% cancellation fee payable if cancelled before 1 May 2017.
 50% cancellation fee is payable if cancellation is received after 1 May 2017 . Non-arrivals will not be refunded.
 100% cancellation fees payable if cancellation is received after 15 June 2017.

- Please return this page when registering by fax or email.
- You will receive a proforma invoice on receipt of the registration form.
- Membership discounts apply to paid up members of the NACCW only.
- Payment Methods will be bank transfers only.
- Please make payment within 10 working days of date on proforma invoice.
- Use the proforma number as reference on deposit slip.
- You will be registered on receipt of payment.

Contact

Tel: 021 762 6076

Fax: 086 606 6354

Email: conference@naccw.org.za