REGISTRATION FORM

DELTA 2009 Conference:
29 November – 4 December 2009

Please complete and return BEFORE 31 August 2009 (for early registration) and 02 November 2009 (for late registration) to:
CHRISTELLE SNYMAN, DELTA 2009 CONFERENCE, P O BOX 19063, 7505 TYGERBERG, SOUTH AFRICA.
TEL: +27-21-938 9245 or FAX: +27-21-933-2649

REGISTRATION DETAILS – PLEASE USE BLOCK LETTERS

Participant details

Title	Place ✓ in appropriate box							
	Prof		Dr		Mr		Ms	

Initials & Surname	
First name for badge	

Accompanying person details

Title	Place ✓ in appropriate box							
	Prof		Dr		Mr		Ms	

Initials & Surname	
First name for badge	

Organisation	

Full Postal Address			
City			
Country		**ZIP Code**	

Telephone Number		**Fax number**	
E-mail			

ID No													

CONFERENCE REGISTRATION FEES	**EARLY** (Before 31 August 2009)	**LATE** (After 31 August 2009 and before 02 November 2009)	**TOTAL**
Delegate Registrations	R3000.00	R3600.00	

Date	**Social Events**	**No of people attending**	**Total**
Sunday, 29 November 2009	**Opening Function: Cocktail Function** Delegates: Included in Registration fee Accompanying Person: R150-00		
Thursday, 03 December 2009	**Conference Dinner** Delegates: Included in Registration fee Accompanying Person: R350-00		

Please indicate any food preference eg: Halaal, Kosher, Vegetarian	

PAYMENT DETAILS

Place ✓ in appropriate box

Cheque		**Funds Transfer**	

Account details for electronic funds transfer (EFT)

Bank Name & Address	ABSA Bank Ltd, 21 Mcintyre Road, Parow, 7500, S.A	**Swift Code**	ABSAZAJJ	**Branch code**	502110	**Account Name**	Delta 2009	**Savings Account No**	9191493458

I (above stated participant) herewith acknowledge that the information supplied is correct and authorise the aforementioned conference to process the credit card payment if applicable.

Signature		**Date**	