REGISTRATION FORM

To register please complete the form so that we can process your registration, and email to

afriscience@afriscience.co.za or sender | Tel: 012 807 3161

(PLEASE COMPLETE IN CAPITAL LETTERS)

| Date: | | Venue: | | |
|--|---|--|--|--|
| Т | | | | |
| Company Name: | | Country: | | |
| Postal Address: | | | | |
| | | Postal Code <u>:</u> | | |
| Tel: | | Cell: | | |
| Email: | | Nature of Business: | | |
| Delegate Name: | Designation: | | er for more delegates) Email: Email: Email: | |
| Delegate Name: | Designation: | | Email: | |
| ■ Method of pay □ Bank transfer | | Delega | ite Fee: | |
| FIRST NATIONAL BA Monument Park, B Branch Code: 250 Account Number: | ng Solutions (PTY) LTD ANK – SOUTH AFRICA ranch 604, Swift Code: FIRNZAJJ, | refreshments L An invoice will form. Payment | that the course fee includes unch, and course material. be sent upon receipt of registration must be received prior to course start invoice number as reference for | |

APPLICATION FOR REGISTRATION & ACCEPTANCE OF TERMS & CONDITIONS

I have read and understood the booking terms and conditions

| Surname Mr. Mrs. MS <u>.:</u> | | |
|-------------------------------|-------|--|
| Name of Organisation: | | |
| Job title: | | |
| E-mail: | | |
| Date: | | |
| Tel: | Cell: | |

CANCELLATIONS & TRANSFERS

If you are unable to attend, a substitute delegate is welcomed at no extra charge. Please provide the name and the title of the substitute delegate at least 2 working days prior to the Conference.

Regrettably, no refund can be made for cancellation received 2 weeks before the date of the course. A complete set of documentation will however be sent to you.

The organiser reserves the right to make any amendments and/or changes to the programme, venue, speaker replacements and/or topics if warranted by circumstances beyond its control



Signature: