

REGISTRATION FORM

DMISA CONFERENCE

SIBAYA – IMBIZO CONFERENCE CENTRE, UMHLANGA ROCKS, DURBAN: 17 AND 18 SEPTEMBER 2014

ANNUAL GENERAL MEETING: 19 SEPTEMBER 2014

ONE FORM PER DELEGATE: DUPLICATE AS REQUIRED

REGISTRATION FEES

MEMBERS OF DMISA: R5 300-00

NON-MEMBERS: R6 400-00

PLEASE NOTE THAT THE INSTITUTE IS NOT REGISTERED FOR VAT

IMPORTANT INFORMATION

- A. REGISTRATIONS MUST BE LODGED BY **25 AUGUST 2014**. **LATE REGISTRATIONS** WILL BE SUBJECT TO A PENALTY OF R500 PER DELEGATE. LATE REGISTRATIONS WILL NOT, IF ACCEPTED, AUTOMATICALLY QUALIFY THE DELEGATE FOR CONFERENCE BAGS/HOLDERS, PAPERS, SPECIAL FUNCTIONS ETC.
- B. **NO REGISTRATION WILL BE ACCEPTED** UNLESS ACCOMPANIED BY THE REQUIRED PAYMENT OR PROOF OF PAYMENTS HAVING BEEN MADE DIRECTLY INTO THE INSTITUTE'S ACCOUNT.
- C. CANCELLATION OF REGISTRATION WILL BE ACCEPTED UNTIL 8 SEPTEMBER 2014 – SUBJECT TO A CANCELLATION FEE OF R1 000.00

REGISTRATION DETAILS

1. FULL NAME: _____
2. SURNAME: _____ MEMBERSHIP NUMBER: _____
3. TITLE - PLEASE INDICATE:

PROF	DR	MR	MS	OTHER:
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4. NAME OF COUNCIL OR INSTITUTION YOU REPRESENT: _____
5. HOW SHOULD YOUR NAME BE REFLECTED ON THE NAME TAG?

6. TEL (Code): _____ NO: _____ FAX (Code): _____ NO: _____
7. CELLULAR NO: _____ E-MAIL: _____
8. WILL YOU BE ATTENDING THE FUNCTION ON THE EVENING OF 16 SEPTEMBER 2014?
(MEET AND GREET) YES / NO : _____
9. WILL YOU BE ATTENDING THE FUNCTION ON THE EVENING OF 17 SEPTEMBER 2014?
(GALA DINNER) YES / NO : _____
10. WHERE WILL YOU BE STAYING : _____
11. DO YOU HAVE A DISABILITY: YES: _____ NO: _____ IF YES, PLEASE STATE NATURE OF DISABILITY: _____
12. SPECIAL FOOD PREFERENCES (IF ANY - PLEASE INDICATE) : _____
13. MEMBERS: WILL YOU BE ATTENDING THE ANNUAL GENERAL MEETING ON 19 SEPTEMBER 2014 AT 10:00? YES / NO: _____

REGISTRATION FEES CAN BE DEPOSITED DIRECTLY INTO THE DMISA ACCOUNT. PLEASE FAX PROOF OF DEPOSIT, TOGETHER WITH THE REGISTRATION FORM TO: +27 (0) 86 652 8066 OR E-MAIL: karin@disaster.co.za
ACCOUNT DETAILS : ACCOUNT NAME: DMISA BANK: ABSA **ACCOUNT NUMBER**: 650 154 290 (EDENVALE 630-642)
PLEASE INSERT YOUR NAME AND SURNAME ON THE RIGHT BOTTOM OF THE DEPOSIT SLIP IN THE REFERENCE COLUMN!!
BY MAIL - PLEASE MAIL TO : DMISA CONFERENCE 2014, P O BOX 7130, PRIMROSE HILL, 1417, SOUTH AFRICA

NAME OF OFFICIAL WHO COMPLETED THIS FORM: _____
 TEL: () FAX: () E-mail: _____

PLEASE NOTE: ALL ACCOMMODATION BOOKINGS AND PAYMENTS MUST BE MADE DIRECTLY WITH THE ROYAL SIBAYA HOTEL OR SIBAYA LODGE AND NOT DMISA!!!

DATE AND TIME OF EVENTS					
Date	Time	Event	Date	Time	Event
16 September 2014 (Tuesday)	18:00-19:30	Early Registration	18 September 2014 (Thursday)	08:00	Registration (Tea and Coffee)
	19:00	Meet and Greet		17:00	Conference closes
17 September 2014 (Wednesday)	07:30 - 08:30	Registration (Tea and Coffee)	EVENING FREE AT OWN LEISURE		
	08:30	Opening of Conference	19 September 2014 (Friday)	10:00	Annual General Meeting
	19:00	Gala Dinner			