

REGISTRATION FORM

DMISA CONFERENCE

ATKV RESORT, HARTENBOS, WESTERN-CAPE : 9 & 10 SEPTEMBER 2015
ANNUAL GENERAL MEETING: 11 SEPTEMBER 2015

ONE FORM PER DELEGATE: DUPLICATE AS REQUIRED

REGISTRATION FEES

MEMBERS OF DMISA: R 5 700-00
NON-MEMBERS: R 6 850-00

PLEASE NOTE THAT THE INSTITUTE IS NOT REGISTERED FOR VAT

IMPORTANT INFORMATION

- A. REGISTRATIONS MUST BE LODGED BY LATEST **3 AUGUST 2015**. **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 1 SEPTEMBER 2015 – SUBJECT TO A CANCELLATION FEE OF R1 000

REGISTRATION DETAILS

1. SURNAME: _____
2. NAME: _____ 3. INITIALS: _____ 4. MEMBERSHIP NUMBER: _____
5. TITLE - PLEASE INDICATE:

PROF	DR	MR	MS	OTHER
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6. NAME OF COUNCIL OR INSTITUTION YOU REPRESENT: _____
7. HOW SHOULD YOUR NAME BE REFLECTED ON THE NAME TAG? _____
8. TEL (Code): _____ NO. _____ 9. FAX (Code): _____ NO. _____
10. CELLULAR NO. _____ 11. E-MAIL: _____
12. WILL YOU BE ATTENDING THE FUNCTION ON THE EVENING OF 8 SEPTEMBER 2015?
 (MEET AND GREET) YES / NO : _____
13. WILL YOU BE ATTENDING THE FUNCTION ON THE EVENING OF 9 SEPTEMBER 2015?
 (GALA DINNER) YES / NO : _____
14. WHERE WILL YOU BE STAYING : _____
15. DO YOU HAVE A DISABILITY. YES: _____ NO: _____ IF YES, PLEASE STATE NATURE OF DISABILITY: _____
16. SPECIAL FOOD PREFERENCES (IF ANY - PLEASE INDICATE) : _____
17. MEMBERS: WILL YOU BE ATTENDING THE ANNUAL GENERAL MEETING ON 11 SEPTEMBER 2015 AT 09.00? YES / NO: _____
18. Please indicate if you would be interested in buying one or more of the following items at the Conference.

DriMac	Cap	Golf Shirt	Fisherman's Jacket
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REGISTRATION FEES MUST 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!!

DATE AND TIME OF EVENTS					
Date	Time	Event	Date	Time	Event
8 September 2015 (Tuesday)	18:00-19:30	Early Registration	10 September 2015 (Thursday)	08:00	Registration (Tea and Coffee)
	19:00	Meet and Greet		16:00	Conference closes
9 September 2015 (Wednesday)	07:30 - 08:30	Registration (Tea and Coffee)		EVENING FREE AT OWN LEISURE	
	08:30	Opening of Conference	11 September 2015 (Friday)	09:00	Annual General Meeting
	19:00	Gala Dinner			

NAME OF OFFICIAL WHO COMPLETED THIS FORM: _____

TEL: () _____ FAX: () _____ E-mail: _____

PLEASE NOTE: ALL ACCOMMODATION BOOKINGS AND PAYMENTS MUST BE MADE DIRECTLY WITH THE ATKV RESORT, HARTENBOS AND NOT DMISA!!!