

REGISTRATION FORM

DMISA CONFERENCE

GOUDINI SPA, WESTERN-CAPE : 21 AND 22 SEPTEMBER 2016

ANNUAL GENERAL MEETING: 23 SEPTEMBER 2016

ONE FORM PER DELEGATE: DUPLICATE AS REQUIRED

REGISTRATION FEES

MEMBERS OF DMISA: R 6 100-00

NON-MEMBERS: R 7 300-00

PLEASE NOTE THAT THE INSTITUTE IS NOT REGISTERED FOR VAT

IMPORTANT INFORMATION

- A. REGISTRATIONS MUST BE LODGED BY LATEST **22 AUGUST 2016**. **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 7 SEPTEMBER 2016 – 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 20 SEPTEMBER 2016?
(MEET AND GREET) YES / NO _____
13. WILL YOU BE ATTENDING THE FUNCTION ON THE EVENING OF 21 SEPTEMBER 2016?
(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 23 SEPTEMBER 2016 AT 10.00? YES / NO, _____
18. Please indicate if you would be interested in buying one or more of the following items at the Conference.

DriMac Size: _____	Cap Size: _____	Golf Shirt Size: _____	Fisherman's Jacket Size: _____
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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
20 September 2016 (Tuesday)	18:00-19:30	Early Registration	22 September 2016 (Thursday)	08:00	Registration (Tea and Coffee)
	19:00	Meet and Greet		16:00	Conference closes
21 September 2016 (Wednesday)	07:30 - 08:30	Registration (Tea and Coffee)	EVENING FREE AT OWN LEISURE		
	08:30	Opening of Conference	23 September 2016 (Friday)	10:00	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 ATKV GOUDINI SPA AND NOT DMISA!!!