

REGISTRATION FORM

DMISA CONFERENCE

SOUTHERN SUN ELANGENI HOTEL: 7 AND 8 OCTOBER 2009

ANNUAL GENERAL MEETING: 9 OCTOBER 2009

ONE FORM PER DELEGATE: DUPLICATE AS REQUIRED

REGISTRATION FEES

MEMBERS OF DMISA: R3 700-00

NON-MEMBERS: R4 200-00

PLEASE NOTE THAT THE INSTITUTE IS NOT REGISTERED FOR VAT

IMPORTANT INFORMATION

- A. REGISTRATIONS MUST BE LODGED BY **1 SEPTEMBER 2009**. **LATE REGISTRATIONS** WILL BE SUBJECT TO A PENALTY OF **R300 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 before or until 1 October 2009 – SUBJECT TO A CANCELLATION FEE OF R300.

REGISTRATION DETAILS

1. FULL NAME: _____
2. SURNAME: _____
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 6 October 2009?
 (Meet and greet) YES / NO : _____
9. WILL YOU BE ATTENDING THE FUNCTION ON THE EVENING OF 7 October 2009?
 (Mayoral function) YES / NO : _____
10. WHERE WILL YOU BE STAYING : _____
11. SPECIAL Food preferences (please indicate – if any) :
 Halaal Kosher Vegetarian

Members:

WILL YOU BE ATTENDING THE AGM ON 9 OCTOBER 2009? YES / NO : _____

REGISTRATION FEES CAN BE DEPOSITED DIRECTLY INTO THE DMISA ACCOUNT. IF THIS IS DONE, PLEASE FAX PROOF OF DEPOSIT, TOGETHER WITH THE REGISTRATION FORM TO: 086 652 8066 or e-mail: karin@disaster.co.za

**ACCOUNT DETAILS ARE: ACCOUNT NAME: DMISA BANK: ABSA
 ACCOUNT NUMBER: 650 154 290 (EDENVALE 630-642)**

IF REGISTRATION AND FEES ARE TO BE POSTED – PLEASE POST TO : DMISA CONFERENCE 2009

P O BOX 7130, PRIMROSE HILL, 1417

PLEASE INSERT YOUR NAME AND SURNAME ON THE RIGHT BOTTOM OF THE DEPOSIT SLIP IN THE REFERENCE COLUMN!!

NAME OF OFFICIAL WHO HAS COMPLETED THIS FORM: _____

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

PLEASE NOTE: ALL ACCOMMODATION BOOKINGS AND PAYMENTS MUST BE MADE DIRECTLY WITH THE HOTEL AND NOT WITH THE INSTITUTE!!!

TIME OF EVENTS:	6 OCTOBER 2009 (Tuesday)	:	19:00	-	MEET AND GREET (EARLY REGISTRATION)
	7 OCTOBER 2009 (Wednesday)	:	07:30 – 8:30	-	REGISTRATION (TEA AND COFFEE)
		:	09:00	-	OPENING OF CONFERENCE
	8 OCTOBER 2009 (Thursday)	:	08:30	-	REGISTRATION (TEA AND COFFEE)
		:	17:00	-	CONFERENCE CLOSES
	9 OCTOBER 2009 (Friday)	:	10:00	-	ANNUAL GENERAL MEETING