

# REGISTRATION FORM

## DMISA CONFERENCE

COEGA VULINDLELA ACCOMMODATION AND CONFERENCE CENTRE

PORT ELIZABETH: 27 AND 28 SEPTEMBER 2017

ANNUAL GENERAL MEETING: 29 SEPTEMBER 2017

ONE FORM PER DELEGATE: DUPLICATE AS REQUIRED

### REGISTRATION FEES

MEMBERS OF DMISA: R 6 700-00

NON-MEMBERS: R 7 900-00

PLEASE NOTE THAT THE INSTITUTE IS NOT REGISTERED FOR VAT

### IMPORTANT INFORMATION

- A. REGISTRATIONS MUST BE LODGED BY LATEST **31 AUGUST 2017**. **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 2017 – 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 26 SEPTEMBER 2017? (*MEET AND GREET*) 

YES	NO
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13. WILL YOU BE ATTENDING THE FUNCTION ON THE EVENING OF 27 SEPTEMBER 2017? (*GALA DINNER*) 

YES	NO
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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 29 SEPTEMBER 2017? 

YES	NO
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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](mailto: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
26 September 2017 (Tuesday)	18:00-19:30	Early Registration	28 September 2017 (Thursday)	08:00	Registration (Tea and Coffee)
	19:00	Meet and Greet		16:00	Conference closes
27 September 2017 (Wednesday)	07:30 - 08:30	Registration (Tea and Coffee)	<b>EVENING FREE AT OWN LEISURE</b>		
	08:30	Opening of Conference	29 September 2017 (Friday)	09:00	Annual General Meeting
	19:00	Gala Dinner			

**PLEASE NOTE: ALL ACCOMMODATION BOOKINGS AND PAYMENTS MUST BE MADE DIRECTLY WITH THE HOTEL / LODGE OR GUEST HOUSE!!!**