PLEASE E-MAIL TO: karin@disaster.co.za

REGISTRATION FORM - DMISA CONFERENCE

30 SEPTEMBER & 1 OCTOBER 2020

Annual General Meeting: 2 OCTOBER 2020

The Station Urban Event Space, 65 Masabalala Yengwa Ave, Durban, KZN

ONE FORM PER DELEGATE: DUPLICATE AS REQUIRED

REGISTRATION FEES:

MEMBERS OF DMISA : R 7 400-00 **NON-MEMBERS** : R 8 800-00

PLEASE NOTE THAT THE INSTITUTE IS NOT REGISTERED FOR VAT

IMPORTANT INFORMATION

A. **CLOSING DATE FOR REGISTRATION : 31 AUGUST 2020**
(LATE REGISTRATIONS, **IF ACCEPTED**, WILL BE SUBJECT TO A PENALTY OF R 1 000 PER DELEGATE);

B. LATE REGISTRATIONS WILL ONLY BE CONSIDERED IF ACCOMPANIED BY THE REQUIRED PAYMENT OR PROOF OF PAYMENT DEPOSITED DIRECTLY INTO THE INSTITUTES ACCOUNT;

C. **CLOSING DATE FOR PAYMENT : 31 AUGUST 2020**;

D. NO PERSON WILL BE ALLOWED TO ENTER THE CONFERENCE VENUE WITHOUT PAYMENT OR PROOF OF PAYMENT DEPOSITED DIRECTLY INTO THE INSTITUTES ACCOUNT

REGISTRATION DETAILS

1. SURNAME: _____

2. NAME: _____ 3. INITIALS: _____ 4. MEMBERSHIP NUMBER: _____

5. TITLE - PLEASE INDICATE:

PROF	DR	MR	MS	OTHER:

6. NAME OF COUNCIL OR INSTITUTION YOU REPRESENT:

_____

7. HOW SHOULD YOUR NAME BE REFLECTED ON THE NAME TAG?

_____

8. TEL (Code): _____ NO: _____ 9. CELLULAR NO: _____

10. E-MAIL: (Please insert e-mail address in the blocks provided. One letter per block please)

11. WILL YOU BE ATTENDING THE FUNCTION ON THE EVENING OF 29 SEPTEMBER 2020? (MEET & GREET) YES / NO

12. WILL YOU BE ATTENDING THE FUNCTION ON THE EVENING OF 30 SEPTEMBER 2020? (GALA DINNER) YES / NO

13. WHERE WILL YOU BE STAYING : _____

14. DO YOU HAVE A DISABILITY: YES: _____ NO: _____ IF YES, PLEASE STATE NATURE OF DISABILITY:

_____

15. SPECIAL FOOD PREFERENCES (IF ANY - PLEASE INDICATE) : _____

16. MEMBERS: WILL YOU BE ATTENDING THE ANNUAL GENERAL MEETING ON 2 OCTOBER 2020? YES / NO

REGISTRATION FEES MUST BE DEPOSITED DIRECTLY INTO THE DMISA ACCOUNT

PLEASE E-MAIL PROOF OF DEPOSIT, TOGETHER WITH THE REGISTRATION FORM TO : karin@disaster.co.za

BANK ACCOUNT DETAILS BANK : ABSA
ACCOUNT NAME : DMISA
ACCOUNT NUMBER : 650 154 290 (BRANCH - 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
29 September 2020 (Tuesday)	14:00 – 17:00	NDMC Work Session	1 October 2020 (Thursday)	07:00	Registration (Tea and Coffee)
	16:00 - 20:00	Early Registration		16:00	Conference closes
	19:00 – 22:00	Meet & Greet		EVENING FREE AT OWN LEISURE	
30 September 2020 (Wednesday)	07:00 - 08:30	Registration (Tea and Coffee)			
	08:30	Opening of Conference	2 October 2020 (Friday)	09:30	Annual General Meeting
	19:00 – 23:00	Gala Dinner			

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