

SACPVP CONFERENCE REGISTRATION FORM 31 JULY 2009



HOW TO REGISTER

Please complete and fax or email this form together with proof payment to:
Email: avhatakali@sacpvp.co.za or kate@sacpvp.co.za
Fax: 012 348 7528

Title:	
Name and Surname:	
SACPVP Registration Number (if applicable)	
Organisation (if applicable):	
VAT Number:	
Address:	
Tel:	
Fax:	
Cell:	
Email address:	
Dietary Requirements	

Registration Fees: Professionals R850. 00, Candidates and Students R750, 00 (VAT Included).
Registration Payment (tick as appropriate)

Attached my cheque	
Attached my deposit slip as proof of payment	
Attached my bank transfer slip as proof of payment	

Payment should be made in favour of:
SACPVP Conference
ABSA Bank, Menlyn
Account Number: 4069255626
Deposit Reference: Your Full Name and Surname or SACPVP Registration Number.

Signature..... Date.....