

REGISTRATION FORM
AFMA's ANNUAL SYMPOSIUM: WEDNESDAY, 6 OCTOBER 2010

Closing date: Monday, 27 September 2010

Return to:
 Teresa Struwig
 AFMA
 P.O. Box 8144, Centurion

Tel : +27 (0)12 663 9097
 Fax : +27 (0)12 663 9612
 E-mail: admin@afma.co.za

I wish to register for the AFMA symposium:

Title:		Surname:		First Name:	
Company:				Tel no: ()	
Fax no: ()		Cell no:		E-mail:	

Second delegate

Title:		Surname:		First Name:	
Company:				Tel no: ()	
Fax no: ()		Cell no:		E-mail:	

Third delegate

Title:		Surname:		First Name:	
Company:				Tel no: ()	
Fax no: ()		Cell no:		E-mail:	

Special Food requirements - (Please mark with an "X")
Note: There is a surcharge of R300.00 per Kosher/Halaal meals)

Vegetarian		Halaal		Kosher	
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Cost per delegate(s): Registration fees per delegate(s) including proceedings, lunch refreshments and VAT

Description	Quantity	Cost R
AFMA DELEGATE(S) attending the symposium @ R500.00 per delegate		
FULL TIME STUDENT(S) attending the symposium @ R100.00 per student		
OTHER DELEGATE(S) attending the symposium @ R600.00 per delegate		
KOSHER MEAL(S) @ R300.00 per delegate		
HALAAL MEAL(S) @ R300.00 per delegate		
TOTAL		

Responsible person in your finance department for paying the above account:

Name and Surname: **Company:**

Postal address: **Tel:**

Fax: **E-mail:**

Method of payment - (Please mark with an "X")

Cheque		Direct deposit		Electronic transfer		Company VAT-number	
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Use SYM + Company name for REF NUMBER : (Please enter this number on the deposit slip)

Confirm your registration by depositing your registration fee in the following account and fax the deposit slip with your registration form back to +27 12 663 9612:

Name of account: AFMA Bank: FNB Centurion Branch Code: 261 550 Account number: 588 200 116 40