



REGISTRATION FORM

THURSDAY, 21 MAY 2009

Please complete this form and return by Friday, 08 May 2009 to:
Fax 021-957-1970 or sandy.isaacs@sanlam.co.za

(An invoice will be sent to you as soon as I receive completed registration form)

Who will be attending:

Name & Surname :

Membership: Membership no. or Non Member:
(R75) (R100)

Email address :

Dietary preference: (eg. halaal/vegetarian)

Signature:

Contact person for payment:

Name of company:

Company vat no. :

Postal Address:

Tel No: Fax No:.....

E-Mail Address:

Please adhere strictly to the fact that fees must be deposited into our bank account before the event **and proof of payment must be faxed for our records. Please use the invoice number as reference.**

Our banking details are as follows: IPM Western Cape, Standard Bank Tyger Manor,
Cheque acc. **2708 409 74** Branch Code **050410**

Please make cheques out to IPM Western Cape.

If you wish to CANCEL this booking, please do so in writing before the closing date

Failure to do so will result in the full fee becoming applicable

Substitutions may however be made at any time