

REGISTRATION FORM

All fields are compulsory and must be completed

Please fax this Registration Form (2 pages) to: fax : +27 (0) 41 363 8617, e-mail : mohair@inkanyezi.co.za

NAME							TITLE	DR	PROF	MR	MRS	MS
SURNAME												
COMPANY												
VAT NO.												
PHONE												
FAX												
POSTAL ADDRESS												
PROVINCE							COUNTRY					
E-MAIL												
MOBILE							WEBSITE					

PLEASE REGISTER OUR ORGANISATION FOR: (Mark the appropriate box/es)

THE EXHIBITION/TRADE SHOW	4-5 November 2009	<input type="checkbox"/>	THE NETWORKING DINNER	5 November 2009	<input type="checkbox"/>
CONFERENCE DELEGATE	4-5 November 2009	<input type="checkbox"/>	ATTENDING THE SITE VISITS	6 November 2009	<input type="checkbox"/>
THE WELCOME COCKTAIL	3 November 2009	<input type="checkbox"/>	ADVERTISING IN THE VISITOR CATALOGUE		<input type="checkbox"/>
THE EVENING FUNCTION	4 November 2009	<input type="checkbox"/>	I HAVE A QUERY, PLEASE CONTACT ME		<input type="checkbox"/>

The currency of South Africa is the South African 'Rand' (R). Costings are based on the current exchange rate of Euro € 1 = R 13,00. Value Added Tax (VAT) is calculated at 14% of the Total Cost.

THE GOLF/GAME PARK VISITS : 3 November 2009 : Port Elizabeth & surrounding areas

Number of attendees		R 180 per person	TOTAL	R
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THE WELCOMING FUNCTION : 3 November 2009 : Jansenville

Number of tickets		FREE	TOTAL	FREE
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THE EVENING FUNCTION : 4 November 2009 : Graaff - Reinet

Number of tickets		R 150 per person	TOTAL	R
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THE EXHIBITION/TRADE SHOW : 4-5 November 2009 : Graaff - Reinet

3m x 3m (9m ²) STAND	Space Only	R 3 990	SPACE ONLY INCLUDES: a 9m ² carpeted area	
	Package	R 5 700	PACKAGE INCLUDES: Shell Scheme, plug point & Facia name	

NUMBER OF STANDS		COST PER STAND	
		TOTAL	

FACIA NAME - Please indicate what your facia name should read - if it differs from your company name

ADVERTISING IN THE VISITORS CATALOGUE

A5 (148mm wide x 210mm high)	Full Colour	R 6 980	QUANTITY		TOTAL	R
A6 (148mm wide x 105mm high)	Full Colour	R 4 500	QUANTITY		TOTAL	R

THE CONFERENCE : 4-5 November 2009 : Graaff - Reinet

4-5 November	R 500	Number of delegates		TOTAL	R
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NAME(S) OF DELEGATES (Please write clearly & accurately)

1. NAME & SURNAME		E-MAIL	
2. NAME & SURNAME		E-MAIL	
3. NAME & SURNAME		E-MAIL	
4. NAME & SURNAME		E-MAIL	

DIETARY REQUIREMENTS	HALAAL	VEGETARIAN	NO REQUIREMENTS	OTHER
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PLEASE SPECIFY IF OTHER _____

THE GALA DINNER : 5 November 2009 : Graaff - Reinet

Number of tickets		R 250 per person	TOTAL	R
		R 2 000 per table of 8	TOTAL	R

SITE VISITS : 6 November 2009 : Jansenville/Uitenhage

Number of tickets		R 180 per person	TOTAL	R
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14% VAT		GRAND TOTAL	
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PAYMENT

10% Deposit is to be paid on or before 15 December 2008. Deposit slip to accompany the Registration Form. Balance of payment is due 1 August 2009. Participants will be invoiced once a Registration Form has been faxed or e-mailed to the organisers.

CANCELLATION POLICY:

- Cancellations of any booking made on this form may be made, without penalty, before 15 December 2008.
- Cancellations made between 16/12/08 and 01/08/09 will incur a 50% cancellation fee. (50% of the total order)
- Cancellations made after 1/08/09 will be liable for the FULL amount
- Cancellations are only acceptable if made in writing and proof of receipt has been acknowledged by Inkanyezi Event Organisers (Pty) Ltd.

PAYMENT DETAILS

Inkanyezi Event Organisers (Pty) Ltd	Branch Code	: 050417
Standard Bank, Rink Street, Port Elizabeth, South Africa	Swift Code	: SBZAJJ
	Account Number	: 080259049

NOTE: A Bank Transfer Slip must be attached to the Registration Form

OFFICIAL SIGNATURE

The undersigned requests admission to the International Mohair Summit as a participant. The participant agrees to comply with the stipulations included herein and the terms and conditions on www.mohairsummit.co.za. All changes and or comments made in any way to this document will be considered null & void. The present contract is binding and the undersigned agrees to endorse it unconditionally. In the event of a dispute, the courts assigned to the Organiser's registered office shall entertain sole jurisdiction, the English language version being controlling, South African law will apply.

Date _____
 Company Stamp _____
 Name (of authorised representative) _____
 Job title _____
 Signature _____

CONTACT DETAILS

POSTAL ADDRESS
 PO BOX 40032, Walmer, Port Elizabeth,
 South Africa, 6065

PHYSICAL ADDRESS
 242 Cape Road, Greenacres,
 Port Elizabeth, South Africa

CONTACT DETAILS
 Tel : +27 41 363 0310
 Fax : +27 41 363 8617
 E-mail : mohair@inkanyezi.co.za
 Web : www.mohairsummit.co.za

