

REGISTRATION FORM

SPEAKER ODYSSEY – 21 – 24 January 2008

Please complete and return BEFORE 11 January 2008 to:
CHRISTELLE SNYMAN, SPEAKER ODESSEY, P O BOX 19063, 7505 TYGERBERG, SOUTH AFRICA.
TEL: +27-21-938 9245 or FAX: +27-21-933-2649 or E-MAIL: csnyman@sun.ac.za

REGISTRATION DETAILS – PLEASE USE BLOCK LETTERS

Participant details	Place ✓ in appropriate box	Prof <input type="checkbox"/>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>
Title					
Initials & Surname					
First name for badge					

Accompanying person details	Place ✓ in appropriate box	Prof <input type="checkbox"/>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>
Title					
Initials & Surname					
First name for badge					

Organisation				
Full Postal Address				
City				
Country		ZIP Code		
Telephone Number		Fax number		
E-mail				

ID No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CONFERENCE REGISTRATION FEES	EARLY	LATE	TOTAL
	<small>(Before 03 December 2007)</small>	<small>(After 3 December 2007 and before 11 January 2008)</small>	
ISCA Members Full Conference	R4100	R5330	
Non-Members Full Conference	R4700	R6110	
Students - Members	R2000	R2600	
Students – Non-members	R2200	R2860	
ISCA Membership number:			
Name of University and Student Number:			

Date	Social Events	No of people attending	Total
Monday, 21 January 2008	Conference Dinner Delegates: R350-00 ; Accompanying Person: R350-00		
Wednesday, 23 January 2008	Wine Tour and Lunch Delegates: R0-00; Accompanying Person: R350-00		

Please indicate any food preference eg: Halaal, Kosher, Vegetarian

PAYMENT DETAILS

Place ✓ in appropriate box

Cheque <input type="checkbox"/>	Funds Transfer <input type="checkbox"/>	Visa Card <input type="checkbox"/>	Master Card <input type="checkbox"/>	American Express Card <input type="checkbox"/>
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Credit Card Details	Name of card holder
Card No	Expiry date
<input type="text"/>	<input type="text"/>
Last 3 digits on the back of card	Amount
<input type="text"/>	<input type="text"/>

Account details for electronic funds transfer (EFT)									
Bank Name & Address	ABSA Bank Ltd, 21 McIntyre Road, Parow, 7500, S.A	Swift Code	ABSAZAJJ	Branch code	502110	Account Name	Speaker Odyssey	Account No	915 695 5150

I (above stated participant) herewith acknowledge that the information supplied is correct and authorise the aforementioned conference to process the credit card payment if applicable.

Signature	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>