



Attendee Registration

Dates: 16-Feb-10 18-Feb Location: Cape Sun Sandton Sun

| | | | |
|-------------------------|--|--------------|--|
| COMPANY DETAILS: | | | |
| Company: | | | |
| Nature of Business: | | | |
| Postal Address: | | | |
| City: | | Postal Code: | |
| Telephone: | | Fax: | |

| | | | |
|--------------------------|--|-------------------|--|
| ATTENDEE DETAILS: | | | |
| 1. Delegate Name: | | 3. Delegate Name: | |
| Position: | | Position: | |
| Email: | | Email: | |
| Mobile: | | Mobile: | |
| 2. Delegate Name: | | | |
| Position: | | | |
| Email: | | | |
| Mobile: | | | |

| | | | |
|-------------------------------------|--------------------------------|-----------------------------------|--|
| Are you a member of the ITMSA: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | I wish to become a member <input type="checkbox"/> |
| Are you a travel buyer of supplier: | Buyer <input type="checkbox"/> | Supplier <input type="checkbox"/> | Other, please specify <input type="text"/> |

Cancellation of a delegate one week (7 days) prior to the event will result in a refund less 30% service charge. Thereafter no refunds will be made. A substitute delegate is welcome. Please notify the secretariat in writing.

Method of Payment

EFT or Direct Deposit: First National Bank Branch Code: 200607 Account No: 62120945839

Credit card: Card No: Master Card/Visa Only

Expiry date: Signature _____

Urgently return to: nicky@itmsa.org OR FAX: 086 648 4982 Att: Nicky du Plessis

We thank you for your participation

Tel: 27 12 809 2284

www.itmsa.org

