



LEAN SUMMIT AFRICA 2009

21 – 23 September 2009 - Registration Form

PLEASE COMPLETE LEGIBLY IN BLOCK CAPITALS – COMPLETE ONE FORM PER PERSON

TITLE (Mr/Mrs/Ms/Dr):	SURNAME:	NAME:
JOB TITLE:	COMPANY NAME:	
COMPANY VAT NUMBER:	CELL NO:	
TELEPHONE NO: (w)	FAX NO:	
EMAIL ADDRESS:		
POSTAL ADDRESS:		

SPECIAL DIETARY REQUIREMENTS (please tick if appropriate)

Halaal* Kosher* Vegetarian Other (please specify):

Please advise if there are any other special requirements:

*meals ordered for special diets may incur surcharges as imposed by the venue and will be quoted separately

STANDARD REGISTRATION (if registered and paid before 4th September 2009)

LIA Subscriber Member/SAPICS Member	R5 750.00	R
Non-Member	R6 250.00	R

CLOSING REGISTRATION (if registered and paid after 4th September 2009)

LIA Subscriber Member/SAPICS Member	R6 250.00	R
Non-Member	R6 750.00	R

WORKSHOPS REGISTRATION (Held on 21st September only)

LIA Subscriber Member/SAPICS Member	R1,500.00	R
Non-Member	R2,000.00	R

**Please register me for the following workshop(s) on 21st September 2009.
An additional fee applies as outlined in the document above. Pre registration is ESSENTIAL**

Workshop 1 Full day	Workshop 2 Full Day	Workshop 3 Half day am	Workshop 4 Half Day am	Workshop 5 Half Day am	Workshop 6 Half Day am	Workshop 7 Half Day pm	Workshop 8 Half Day pm	Workshop 9 Half Day pm	Workshop 10 Half Day pm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+ 14% VAT									R _____
Total amount due									R _____

PAYMENT DETAILS - All cheques to be made payable to Upavon Management. Payment may alternatively be made directly into any branch of FIRST NATIONAL BANK for the credit of Upavon, account details as below. Please fax copy of the deposit slip to Upavon on fax number (011) 315 3311:

Title of account: Upavon Management (Pty) Ltd
Branch & Code: CARLSWALD (25-01-17)

Bank: First National Bank
Account Number: 5132 0133 055

For identification purposes, please insert the invoice number or the applicants name in the reference box of the bank deposit slip.

Name of Cardholder:

Card Type:	Visa	Mastercard	American Express	Diners Club
Card Number				
Expiry Date			Last 3 digits on reverse of card	

Signature of Cardholder:

In the event of cancellation, 50% of fees will be credited provided cancellation in writing is received prior to 07 September 2009. After that date, no credits or refunds will be made. You are however welcome to provide a substitute in your place. Please notify the Secretariat in writing of any such substitution. SUBMISSION OF A REGISTRATION FORM SHALL BE DEEMED TO BE ACCEPTANCE OF THE ORGANISERS' TERMS AND CONDITIONS, AND SHALL BE JOINTLY AND SEVERALLY BINDING ON APPLICANT AND THE APPLICANT'S CORPORATE ENTITY.

Signature of Applicant:

**PLEASE COMPLETE AND RETURN THIS FORM TO THE CONFERENCE SECRETARIAT
(NB: Please contact the Secretariat if you do not receive registration confirmation within 2 working days)**

Upavon Conferences & Incentives, PO Box 14094, Vorna Valley, Midrand 1686
Telephone: 27 11 805 6616 ● Fax: 27 11 315 3311 ● email: upavon@icon.co.za