



LEAN SUMMIT AFRICA 2010

6 – 8 October 2010 - 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* (friendly) <input type="checkbox"/>		Halaal* (Strict) <input type="checkbox"/>		Kosher* <input type="checkbox"/>	
Vegetarian <input type="checkbox"/>		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 between 5th April and 31st August 2010)		
SAPICS Member	R6 000.00	R
Non-Member	R6 500.00	R
CLOSING REGISTRATION (if registered and paid from 1st September 2010)		
SAPICS Member	R6 500.00	R
Non-Member	R7 000.00	R
WORKSHOPS REGISTRATION (Held on 6th October 2010 only)		
SAPICS Member – Workshop 1 (includes purchase of Managing to Learn)	R2,350.00	R
Non-Member – Workshop 1 (includes purchase of Managing to Learn)	R2,900.00	R
SAPICS Member – Workshops 2 - 12	R1,650.00	R
Non-Member – Workshop 2 - 12	R2,200.00	R

**Please register me for the following workshop(s) on 6th October 2010.
 An additional fee applies as outlined in the document above. Pre registration is ESSENTIAL**

Workshop 1* Full day <input type="checkbox"/>	Workshop 2 Full Day <input type="checkbox"/>	Workshop 3 Full day <input type="checkbox"/>	Workshop 4 Full Day <input type="checkbox"/>	Workshop 5 Half Day am <input type="checkbox"/>	Workshop 6 Half Day am <input type="checkbox"/>	Workshop 7 Half Day am <input type="checkbox"/>	Workshop 8 Half Day am <input type="checkbox"/>
*There is a R700 surcharge for this workshop			Workshop 9 Half Day pm <input type="checkbox"/>	Workshop 10 Half Day pm <input type="checkbox"/>	Workshop 11 Half pm <input type="checkbox"/>	Workshop 12 Half pm <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 Bank: First National Bank
 Branch & Code: CARLSWALD (25-01-17) 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 06 September 2010. 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: _____ Date: _____

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)
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 Telephone: +27 11 023 6701 ● Fax: +27 (0)86 575 2959 ● email: upavon@icon.co.za