

CONFERENCE INFORMATION

Company Name:

Address:

Tel.: Fax: Email:

Company VAT No: Company Registration No:

Contact Person:

Seating arrangement:

Boardroom	U-shape	Cinema	Schoolroom	Banquet

Number of delegates (Including Facilitator/s):

Full Day with lunch:	Full Day without lunch:	Half Day with Lunch:	Half Day without lunch:

Date: /..... /..... to /..... /..... (..... Days)

Arrival time: : Starting time: : Closing time: :

Mid-morning tea/coffee break @ : Mid-afternoon tea/coffee break @ :

Lunch break from : to :

Meal requirements: **Number of:** Vegan Kosher Halaal

Other (specify)

- **Special dietary requirements such as Halaal, Kosher, Vegan, Vegetarian & Speciality Diet meals to be advised no later than 3 days prior to conference and carry a surcharge of R110.00 per person, per meal over and above the normal rates.**

Please indicate who will be responsible for extras:

	Beverages	Photo Copies	Faxes (Fax to E-mail)	Internet Voucher	Other (specify)
Company account					
Delegate					

Projector (R560-00 per day):

Standard equipment: White Board; Flip Chart; White Board Markers; Projector Screen

Any other requirements:

