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**SACLA 2014 REGISTRATION FORM**

Please complete and return this form along with proof of payment by latest

**Friday, 30 May 2014** to:

Fax: (+27) 041 504 2831 | E-mail: sacla2014@nmmu.ac.za

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YOUR CONTACT DETAILS** | | | | | | | | | | | | | | |
| **TITLE** | Mr Ms Dr Prof | | | | | | | | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **LAST NAME** |  | | | | | | | | **FIRST NAME** | |  | | | |
| **organisation** |  | | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | |
| **Suburb/town** |  | | | | | | | | | | | | | |
| **province** |  | | | | | | | **country** | |  | | | **postcode** |  |
| **Work phone** |  | | | | | | | | **mobile** | |  | | | |
| **email** |  | | | | | | | | | | | | | |
| **REGISTRATION** | | | | | | | | | | | | | | |
| **Early Bird** | |  | | | R2 600 | | *Early bird registration ends on Wednesday, 14 April 2014* | | | | | | | |
| **Normal** | |  | | | R 3 000 | | *The final date of registration is on Friday, 30 May 2014* | | | | | | | |
| **hod colloquium** | |  | | | No cost | |  | | | | | | | |
| **Blended Learning workshop** | |  | | | R 750 | |  | | | | | | | |
| **DIETARY REQUIREMENTS** | | | | | | | | | | | | | | |
| None | | | | | | Vegetarian | | | | | | Halaal | | |
| **I have an allergy to** | | | |  | | | | | | | | | | |
| **METHOD OF PAYMENT: BANK DEPOSIT** | | | | | | | | | | | | | | |
| **bank** | | | Standard Bank | | | | | | | | | | | |
| **account name** | | | Nelson Mandela Metropolitan University – Main Account | | | | | | | | | | | |
| **branch number** | | | 050417 | | | | | | | | | | | |
| **account number** | | | 080 263 011 | | | | | | | | | | | |
| **reference** | | | SACLA 2014 EB73.4275 + YOUR SURNAME | | | | | | | | | | | |
| **REGISTRATION PROCEDURE** | | | | | | | | | | | | | | |
| 1. Deposit the registration fee amount into the NMMU bank account listed in the section above. Remember to include the reference number together with your surname. 2. Complete and return this form along with proof of payment by latest **Friday, 30 May 2014** to:    * Fax: (+27) 041 504 2831, or    * E-mail: sacla2014@nmmu.ac.za | | | | | | | | | | | | | | |