

Food Technology for Plant Personnel 2016 Registration Form

This form is based in PDF format, you may complete the fields,
save the document and **e-mail** it as an attachment to **info@extruafrica.org.za**,
or print the form and **fax** it to **(+27)86 608 3071**.

1 Please select the course/s you wish to attend:

	Date	Excl VAT	Mark X
Training Seminar	25-27 May 2016	R 5 500	<input type="checkbox"/>
TOTAL EXCL. VAT.			<input style="width: 100px; height: 20px;" type="text"/>

2 Company information: (will display on tax invoice)

Company name:			
Sector: (e.g. Mining)			
Company VAT no:			
Order number:		(complete if you need an order number on the invoice)	
PO Box number:			
City:		Street Address:	
Postal code:			
Country			
Telephone:		City:	
E-mail:		Postal code:	
Website:		Country	

3 Training/Financial department: (when applicable, alternative contact person)

Name & Surname:	
Telephone:	
E-mail:	
Fax:	

4 Delegate information:

	(Delegate 1)	(Delegate 2)
First Name:		
Surname:		
Title: (Dr, Mr,etc)		
Position:		
Name on ID Tag:		
Name on Certificate:		
E-mail:		
Cell:		
Telephone:		
Fax:		

5 Method of payment:

- Payment with cheques made out to Luvuhu Weddings and Events is acceptable.
- You can make payment by means of bank transfer or buy an online ticket on www.rootsshop.co.za.

**Food Technology for Plant Personnel
2016
Registration Form**

- Please fax proof of payment to (+27)86 608 3071 or email to registrations@extrafrica.org.za.

7 Banking details:

Account name: Luvuhu Weddings and Events
Bank name: FNB
Branch: Mooirivier Mall
Account number: 62571007949
Branch code: 240438
Please email deposit slip to: accounts@theroots.co.za

8 Conditions of registration

- Full payment needs to be received before or on 13 May 2016 to secure your booking.
- A list of accommodation possibilities is available on the website (www.extrafrica.org.za).

Full payment must be paid before or on 13 May 2016.

Acceptance of conditions

I, the undersigned hereby confirm that I am authorized to accept liability on behalf of my Company to register myself / the delegate and pay for this Training Course/Conference.

Authorising Signature (Digital Signature Accepted)

Date