

ACCC2016 REGISTRATION FORM

Biographical details

Last name	
First name	
Title	
Organisation	
Department	
Country	
Contact phone	
E-mail address	

Payment Details

	✓	Amount
REGISTRATION FEE		
PRESENTER OR STUDENT ZAR 3000		
DELEGATE ZAR 3250		
Non-participating partner(s) Gala Dinner ZAR 350		
Total		

General

Special dietary requirements (please specify)	
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Registration Procedure

1. Please complete the registration form and e-mail with proof of payment to: Amber.Share2@nmmu.ac.za with the subject line: ACCC2016 REGISTRATION
2. If you are unable to e-mail the form, please fax it to: +27 (0)41 504 9604 /3313 for the attention of Ms Amber Labuschagne
3. Payments are to be transferred electronically as follows:

Bank Name:	Standard Bank
Account name:	Nelson Mandela Metropolitan University
Account Type:	Business Current Account
Account Number:	080 263 011
Branch Name:	Rink Street
Branch Code:	050417

Please Note: you MUST use the following as payment reference **3087 ACCC <Delegate Name>**
4. Please inform **Ms Amber Labuschagne** if you require an invoice Amber.Share2@nmmu.ac.za
5. For any additional queries **Ms Amber Labuschagne** can be contacted on 041 504 3464