



Mercedes-Benz

**SATSA**  
means  
**RESPONSIBLE TOURISM  
FOR 2010 AND BEYOND**



**BNDED**

38<sup>th</sup> Annual  
**CONFERENCE**  
24<sup>th</sup> & 25<sup>th</sup> AUGUST  
**2007**



## CONFERENCE REGISTRATION FORM

To register, kindly complete and forward to Theresa on fax: 011 818 5803 or email: [registration@satsa.co.za](mailto:registration@satsa.co.za) (alternate fax if lines are busy: 086 680 0893)

PART 1 DELEGATE INFORMATION	Last Name / Family Name		First Name		Title: Dr/Prof/Mr/Mrs/Miss		SATSA Membership Number			
	ACCOMPANYING PARTNER/S									
	SECOND REGISTERED DELEGATE SHARING MY ROOM									
	This is my <input checked="" type="checkbox"/>		Private Address		Company Address		Please fill in all the relevant details below			
	Company				Contact Person					
	Postal Address						City		Prov.	Code
	Country			Tel +code		Fax +code		Mobile		
	E-mail address									

PART 2 REGISTRATION OPTIONS	REGISTRATION OPTIONS (Per person)		Member	Non-member	No. People	Amount Due	Please enter the number of people in the appropriate box next to your <b>selected option</b> .  Additional Costs: • If a registered delegate wishes to share a room with another registered delegate, then the only additional accommodation cost for the second registered delegate is a surcharge of R150+VAT. This amount is entered in PART 2 along side <b>*Additional costs</b> . • Additional nights accommodation pre and post the conference must be booked directly with the Indaba Hotel. • Children under the age of 18, and over the age of 12, and sharing a room with their parents will be charged R150 + VAT per child, per registration. Children under the age of 12 are free, per registration. Please note that a maximum of 2 children can be accommodated per room.	
	Delegate with accommodation		R 3 275	R 3 795				
	Delegate excluding accommodation		R 1 975	R 2 495				
	Partner		R 650	R 650				
	Children 12 - 18		R 150	R 150				
	For internal use only							
	*Additional costs (Refer inset)							
					VAT:			
	Invoices will be raised upon receipt of registration form					TOTAL: R		
	All Registration Fees Exclude VAT of 14%							
REGISTRATION INCLUDES:								
<b>Conference Delegate</b> <ul style="list-style-type: none"> <li>Transfer to and from OR Tambo airport (if required)</li> <li>Conference programme as arranged for the afternoon of 24<sup>th</sup> – delegates only</li> <li>Light lunch on 24<sup>th</sup> August</li> <li>Elegant Dinner on 24<sup>th</sup> (inclusive of limited drinks)</li> <li>Conference programme as arranged for full day of 25<sup>th</sup> August – delegates only</li> <li>Lunch on 25<sup>th</sup> August – delegates only</li> <li>Saturday Night Fun Party at SAB World of Beer on 25<sup>th</sup> August (including transfers to and from SAB World of Beer)</li> </ul>			<b>Delegate with accommodation</b> <ul style="list-style-type: none"> <li>Accommodation for the nights of 24<sup>th</sup> and 25<sup>th</sup> of August at the Indaba Hotel in Fourways</li> <li>Breakfasts on the mornings of 25<sup>th</sup> and 26<sup>th</sup> of August at the Indaba Hotel</li> </ul>					
Special Hotel Requests e.g.: Non Smoking Room / Infants			Special Dietary Requests					

PART 3 TRAVEL	How will you be travelling to Johannesburg? <input checked="" type="checkbox"/> Driving <input type="checkbox"/> Flying <input type="checkbox"/> Other Please provide your flight details below for airport transfers					
		Airline	Flight No.	Date	Time	No. of PAX
	Arrival					
	Return					
	Will you be making use of the complimentary coaches to get to the Spectacular Saturday Night Party at SAB World Of Beer ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If no please ask Teresa to email you a map to SAB World Of Beer ( <a href="mailto:registration@satsa.co.za">registration@satsa.co.za</a> )						

**IT IS REGRETTED THAT NO REFUNDS CAN BE MADE FOR CANCELLATIONS SUBMITTED AFTER PAYMENT HAS BEEN RECEIVED BY SATSA**

PART 4 PAYMENT OPTIONS	<b>OPTION 1</b> <input checked="" type="checkbox"/> <b>Bank Transfer</b>	You must specify your <b>Company Name &amp; SATSA Membership Number</b> on your bank transfer Bank: <b>ABSA</b> Branch: <b>160 Jan Smuts</b> Branch Code: <b>63 20 05</b> Acc No: <b>406 909 7511</b> Please forward proof of payment to Theresa on fax: <b>011 818 5803</b> or email: <b>registration@satsa.co.za</b>
	<b>OPTION 2</b> <input checked="" type="checkbox"/> <b>Credit Card</b>	<b>NB. Please note that:</b> Only Master and Visa cards will be processed.

**I, THE UNDERSIGNED, HEREBY AUTHORISE SATSA TO DEBIT THE FOLLOWING AMOUNT FROM MY CREDIT CARD**

Amount Authorised						R
Credit Card Type <input checked="" type="checkbox"/>	Master	Visa				
Payment Option <input checked="" type="checkbox"/>	Straight	3 months	6 months	12 months		
Credit Card Number			Expiry Date			
Cardholder's Name			3-digit number on reverse side			
Cardholder's Signature			Date of Signature			