



DELEGATE REGISTRATION FORM

NAMA Gauteng North Sectional Title Training Seminar @ CSIR, Pretoria
Saturday, 30 July 2016 | Registration from 08:00 to 08:30
R720,00 NAMA Members | R920,00 Non NAMA Members

Name & Surname:

Managing Agent Name /
Company Name:

Body Corporate Name:

Email:

Telephone No:

Cell Phone No:

INFORMATION NEEDED FOR INVOICING PURPOSES PLEASE:

Invoice to:

Postal Address:

VAT No:

NAMA Member:

YES – R720,00

NO – R920,00

Please mark dietary
requirements if any:

Gluten Free

Lactose Free

Vegetarian

Other

Name & Surname:

Managing Agent Name /
Company Name:

Body Corporate Name:

Email:

Telephone No:

Cell Phone No:

INFORMATION NEEDED FOR INVOICING PURPOSES PLEASE:

Invoice to:

Postal Address:

VAT No:

NAMA Member:

YES – R720,00

NO – R920,00

Please mark dietary
requirements if any:

Gluten Free

Lactose Free

Vegetarian

Other

PLEASE FAX OR EMAIL THE COMPLETED DELEGATE REGISTRATION FROM TO:

Fax: 086 592 2377 | **Email:** namanorth@nama.org.za

After receiving the completed registration form, an invoice will be forwarded to you for payment.

Payment should be done within 2 days after receiving the invoice.

Note : Your booking is not confirmed before a proof of payment is received.

Contact Person: Lizbé Venter | **Tel:** 012 567 1556 | **Cell:** 082 754 1621

