



## DELEGATE REGISTRATION FORM

NAMA GAUTENG NORTH SECTIONAL TITLE SEMINAR  
SATURDAY 12 NOVEMBER 2016 @ CSIR, PRETORIA  
R720,00 - NAMA MEMBER / R920,00 - NON NAMA MEMBER

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:

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NAMA Member:

YES - R720,00  NO - R920,00

Please mark dietary  
requirements if any:

Gluten Free  Lactose Free  Vegetarian  Other

**PLEASE FAX OR MAIL THE COMPLETED DELEGATE REGISTRATION FROM TO:**

**Fax:** 086 592 2377 | **Email:** [namanorth@nama.org.za](mailto: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. Your booking is not confirmed before a proof of payment is received.

**Contact Person:** Lizbé Venter | **Tel:** (012) 567 1556

