

27 - 29 September 2017

REGISTRATION FORM

Delegate Information

Name and Surname:

Title:

Institution:

Faculty/department:

Email:

Mobile no.:

Work no.:

Institution VAT number:

Dietary requirements:

Please note that the conference will only cater for health and religion related needs.

Other requirements:

i.e. disability

Early Bird Registration

Please choose the package that will suit your conference attendance needs (choose all that apply).

- | | |
|---|-----------|
| 1. Full Conference: (pre-conference excluded) | R4 900.00 |
| 2. Pre-Conference (27 September):
<i>Gamification: Level 1 Certification</i> | R875.00 |
| 3. Gala Dinner (28 September): | |
| a. Conference delegate | R385.00 |
| b. Additional guest | R500.00 |

Please provide guest name & surname:

Total:

Agreement:

Date:

By clicking the box, I hereby confirm my registration and agree that the details provided in this document are accurate. I also accept that I may be held personally responsible for full payment of conference registration fees in the event that my institution fails to provide payment. No refund within 14 days of conference.

To complete your registration, please save your completed registration form and send to conference@sereni-t.co.za