



**REGISTRATION FORM**

PLEASE COMPLETE LEGIBLY IN BLOCK CAPITALS (one form per person)

(This form does not include accommodation reservation – please see the Hotel Reservation Form)

APPLICANT INFORMATION			
TITLE (Prof/Mr/Mrs/Ms/Dr):	FIRST NAME:	SURNAME:	
JOB DESIGNATION:	COMPANY NAME:	COMPANY VAT NUMBER:	
TELEPHONE (W)	CELL NUMBER:	PASSPORT/IDENTITY NUMBER:	
EMAIL ADDRESS:	IS THIS YOUR FIRST TOCICO CONFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
POSTAL ADDRESS:			
TOCICO certification (if applicable): FUNDAMENTALS <input type="checkbox"/> PRACTITIONER <input type="checkbox"/> IMPLEMENTER <input type="checkbox"/>			
Please advise any special dietary requirements? Vegetarian <input type="checkbox"/> Halaal Friendly* <input type="checkbox"/> Strictly Halaal* <input type="checkbox"/> Kosher* <input type="checkbox"/>			
*Please note that some special diets may incur additional charges. These will be advised under separate cover.			
Any other special requirements including other special dietary requirements, disabled access, etc.? (please specify)			
SPECIAL BILLING INTRUCTIONS (if applicable)			
If different to the information above, please advise relevant billing details of person to whom the invoice should be sent:			
TITLE (Prof/Mr/Mrs/Ms/Dr):	FIRST NAME:	SURNAME:	
COMPANY NAME (for billing purposes):			
POSTAL ADDRESS:			
EMAIL ADDRESS:			
PLEASE REGISTER ME AS A DELEGATE TO ATTEND THE TOCICO 2015 ANNUAL CONFERENCE			
*Registration fees are exclusive of Accommodation & South African Tax (VAT). VAT of 15% will be added.			
	EARLY BIRD REGISTRATION ENDS 28/02/2015	STANDARD REGISTRATION 01/03/2015 – 31/07/2015	CLOSING REGISTRATION FROM 01/08/2015
PRACTITIONERS			
MEMBER OF TOCICO OR SAPICS –MEMBER #	US\$ 1550.00 <input type="checkbox"/>	US\$ 1700.00 <input type="checkbox"/>	US\$ 1870.00 <input type="checkbox"/>
NON-MEMBER	US\$ 1800.00 <input type="checkbox"/>	US\$ 1950.00 <input type="checkbox"/>	US\$ 2150.00 <input type="checkbox"/>
ACADEMICS			
MEMBER OF TOCICO OR SAPICS-MEMBER #	US\$ 1250.00 <input type="checkbox"/>	US\$ 1350.00 <input type="checkbox"/>	US\$ 1500.00 <input type="checkbox"/>
NON MEMBER	US\$ 1450.00 <input type="checkbox"/>	US\$ 1550.00 <input type="checkbox"/>	US\$ 1700.00 <input type="checkbox"/>
Partner registration fee @ R 1,596.00 First name: ..... Surname: .....			
Special dietary requirements: .....			
*This fee entitles the partner to attend all the social functions included in the conference programme. i.e. lunches, dinners, etc.			
<i>Rates quoted in US Dollars as shown above are the tariffs payable. The current exchange rates of ZAR11.50 – US\$ 1.00 will apply</i>			
PAYMENT DETAILS (For identification purposes, please insert delegate name in the reference box)			
Payment may be made directly into any branch of First National Bank for the credit of the following account or by one of the credit cards below:			
Title of Account:	UPAVON MANAGEMENT (PTY) LTD	Bank:	FIRST NATIONAL BANK
Branch & Code:	CARLSWALD (25-01-17) (25-06-55 Generic code)	Account number:	5132 0133 055
		Swift code:	FIRNAZJJ
Name of Cardholder:			
Card Type:	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	American Express <input type="checkbox"/>
			Diners Club <input type="checkbox"/>
Card number:			
Expiry date:		Last 3 digits on reverse of the card:	
Signature of Cardholder:			
A TAX INVOICE WILL BE ISSUED IMMEDIATELY UPON RECEIPT OF THE COMPLETED REGISTRATION FORM. EARLY BIRD REGISTRATION WILL BE CONFIRMED AFTER PAYMENT IS RECEIVED. IF PAYMENT IS RECEIVED AFTER THE PAYMENT DUE DATE, STANDARD REGISTRATION FEES WILL APPLY.			
SUBMISSION OF THIS EVENT REGISTRATION FORM IS ACKNOWLEDGED BY ME TO CONSTITUTE UNCONDITIONAL ACCEPTANCE OF THE OFFER TO ATTEND THE EVENT ON THE EVENT DATE SPECIFIED AND THAT THIS REGISTRATION AND ANY ATTENDANCE OF THE EVENT SHALL BE SUBJECT TO PAYMENT OF THE REGISTRATION FEE AND SHALL BE REGULATED BY THE TERMS AND CONDITIONS ATTACHED OR ACCOMPANYING THIS APPLICATION. IN PARTICULAR, I CONFIRM THAT MY ATTENTION HAS BEEN DRAWN TO THE FOLLOWING TERMS AND CONDITIONS: CLAUSE 5: CANCELLATION POLICY <input type="checkbox"/> CLAUSE 6: SECURITY, INSURANCE AND NON-LIABILITY <input type="checkbox"/> I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS. <input type="checkbox"/> <input checked="" type="checkbox"/> Please tick all blocks			Signature of applicant:
PLEASE COMPLETE AND RETURN THIS FORM TO THE CONFERENCE SECRETARIAT			
UPAVON Conferences   Telephone: + 27 (0)11 023 6701   email: <a href="mailto:info@upavon.co.za">info@upavon.co.za</a>			