



BOOKING FORM

2022 – WINDS OF CHANGE

Presented by
Amelia Beattie, CEO, Liberty2Degrees
Sakina Nosarka, Incoming CEO, Old Mutual Property (SACSC President)

Thursday, 25 August 2022

Member: R450 (VAT Excl.) | **Non-member:** R650 (VAT Excl.)
Colleagues: R550 (VAT Excl.) (Not members but from same company as SACSC member)

THIS FORM ALLOWS A GROUP BOOKING OF 10 DELEGATES ONLY.
 SHOULD YOU WISH TO BOOK ADDITIONAL DELEGATES, KINDLY SUBMIT A NEW FORM.

A PERSON MAKING BOOKING

Name	: _____	Designation	: _____
Mobile	: _____	Telephone Number	: _____
Email	: _____		

B ENTITY TO INVOICE

Name of Legal Entity to Invoice	: _____	Registration / CK No	: _____
Postal Address of Entity	: _____	VAT Registered	: <input type="checkbox"/> Yes <input type="checkbox"/> No
	: _____	If Yes, VAT No	: _____
	: _____	Contact Email	: _____
Postal Code	: _____	Purchase Order No	: _____
Account Contact Person	: _____		
Mobile	: (_____) _____ <small>(+27) 82 562 2021</small>		
Telephone	: (_____) _____ <small>(+27) 31 562 2021</small>		

DELEGATE ONE

Member: Yes No Membership number: _____

Delegate Name IN FULL: _____ Designation: _____

Company: _____ Email address: _____

Telephone number: _____ Mobile: _____

Dietary requirements : _____

DELEGATE TWO

Member: Yes No Membership number: _____

Delegate Name IN FULL: _____ Designation: _____

Company: _____ Email address: _____

Telephone number: _____ Mobile: _____

Dietary requirements : _____

DELEGATE THREE

Member: Yes No Membership number: _____

Delegate Name IN FULL: _____ Designation: _____

Company: _____ Email address: _____

Telephone number: _____ Mobile: _____

Dietary requirements : _____

DELEGATE FOUR

Member: Yes No Membership number: _____

Delegate Name IN FULL: _____ Designation: _____

Company: _____ Email address: _____

Telephone number: _____ Mobile: _____

Dietary requirements : _____

DELEGATE FIVE

Member: Yes No Membership number: _____

Delegate Name IN FULL: _____ Designation: _____

Company: _____ Email address: _____

Telephone number: _____ Mobile: _____

Dietary requirements : _____

DELEGATE SIX

Member: Yes No Membership number: _____

Delegate Name IN FULL: _____ Designation: _____

Company: _____ Email address: _____

Telephone number: _____ Mobile: _____

Dietary requirements : _____



DELEGATE SEVEN

Member: Yes No Membership number: _____

Delegate Name IN FULL: _____ Designation: _____

Company: _____ Email address: _____

Telephone number: _____ Mobile: _____

Dietary requirements : _____

DELEGATE EIGHT

Member: Yes No Membership number: _____

Delegate Name IN FULL: _____ Designation: _____

Company: _____ Email address: _____

Telephone number: _____ Mobile: _____

Dietary requirements : _____

DELEGATE NINE

Member: Yes No Membership number: _____

Delegate Name IN FULL: _____ Designation: _____

Company: _____ Email address: _____

Telephone number: _____ Mobile: _____

Dietary requirements : _____

DELEGATE TEN

Member: Yes No Membership number: _____

Delegate Name IN FULL: _____ Designation: _____

Company: _____ Email address: _____

Telephone number: _____ Mobile: _____

Dietary requirements : _____

Once registration form has been received with all fields completed, an invoice will be generated and sent to the member/accounts contact for payment.

1. Should you require only a quotation, pro-forma invoice or wish to only make an enquiry, kindly contact Sheila on +27 (0) 83 271 8535 before completing and submitting this registration.
2. Cancellations should be made in writing 7 days prior to the event. "No Shows" will be charged the full amount unless cancellation has been received.

[CLICK HERE TO SUBMIT YOUR COMPLETED FORM](#)

By clicking on the above button, your completed form will be submitted to events@sacsc.org.za.

