AMRE GCC – 12 OCTOBER 2023 – BOOKING FORM

|  |
| --- |
| **PERSONAL DETAILS**Title . . . . . . . . . First Name. . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . .. Other Initials . . . . . . . . . . . .. Membership no. . . . . . . . . . . Surname/Family Name. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. Company/ Mine . . . . . . . . . . . . . . . . . . . .. . . . .. . . . . . . . . Division. . . . . . . . . . . . . . . . . . . . . . .. Designation. . . . . . .. . . . . . . . . . .  Tel/Cell . . . . . . . . . . . . . . . . . . . . .. . . . . .. Fax . . . . . . . . . . . . . . . . . .. . .... . . . . . . . . . E-mail . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . .   **INVOICING DETAILS** Company Name: . . . . . . .................. Company VAT Registration No . . . . . .. . . . . .. . . . . . . . . . Purchase Order No . . . . . . . . . . . . . Invoice Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . Code . . . . . . . . .. Accounts Contact Person. . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Accounts Tel . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. Accounts E-mail . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |
| **REGISTRATION COST**

|  |  |
| --- | --- |
| **Members** | **R 750-00 (Incl. VAT)** |

**Notes:**Please send your completed booking form to elaineg@mpas.org.za. The link to the event will only be sent once payment has been received.**Cancellation and transfer policy:***Persons unable to attend the event may send a substitute in their place. Written details of substitution must be made. Written cancellations must be received more than 5 working days prior to the date of the event. Failure to cancel, or cancellation received 5 working days or less prior to the event date, will result in liability for 100% of the registration fee*.**Payment:***Full payment is due on application of registration. Registration will be confirmed ONLY after payment is received. PROOF OF PAYMENT with your invoice number reflected must be sent via fax or e-mail.*  Signature: .................................. Date: .............................  | **PAYMENT** Credit Cards—Please debit my: VISA Master American Express Diners ClubCard No.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

 CVV (last 3 digits on the back of the card)

|  |  |  |
| --- | --- | --- |
|   |   |   |

Expiry Date: ......................... Signature: .............................................Please print name of cardholder: .........................................................**BANK ACCOUNT DETAILS**Account Name: Association of Mine Resident EngineersBank: First National BankBranch: Main StreetBranch Code: 250655Account No: 50510161602Account Type: Cheque AccountSwift Code: FIRNZAJJ  |