DELEGATE REGISTRATION FORM

INTERNATIONAL NON-MOTORISED AND INTERMEDIATE MOTORISED TRANSPORT CONFERENCE AND EXHIBITION

21 - 23 FEBRUARY 2007 GALLAGHER ESTATE, MIDRAND, GAUTENG

Please complete a separate registration form per delegate (only accompanying partners can be included on the same form)

REGISTRATION DETAILS TRAVEL INFO REQUIRED PERSONAL DETAILS Flight Arrival Details (OR Tambo Airport): Title: First Name: Arriving From: Last Name: Date: Organisation: Flight Arrival Time: Position / Title: Flight Number: Address: Flight Departure Details (OR Tambo Airport): City/Suburb/Town: Departing To: State: Country: Date: Postcode/Zip Code: Flight Departure Time: Office Tel: Cell phone: Flight Number: Fax: Transport to and from airport required: YES: NO: Email: * Please note that a welcome desk to assist with transfers will be available on Wednesday the 21st and Thursday 22nd February only. **Accompanying Partner:** * Airport transfers will be available on the 23rd and 24th only and Title: First Name: can be confirmed at the transfer desk at the conference. Last Name: Accommodation CONFERENCE REGISTRATION Choose One At which hotel will you be staying?: All Days One Day Only -22 Thursday One Day Only -23 Friday DIETARY REQUIREMENTS SOCIAL PROGRAMME None Diabetic Halaal Kosher Vegetarian **EVENING EVENTS** Thursday and Friday events are complimentary for full delegates, accompanying partners will incur an additional fee of R110 each per **PRIVACY** event. Please tick boxes below to confirm your attendance. I agree that particulars stated in this form can be displayed in Delegate Partner conference documentation @R110 Networking Reception – Wednesday 21 February NO: @R110 Gala Dinner - Thursday 22 February Payment will be required in cash at these events

REGISTRATION DESK / SECRETARIAT

This completed form to be faxed to the Conference Secretariat on: Fax: +27-(0)21 683 0816 Alternatively contact the Conference Secretariat on: Telephone: +27-(0)21 683 2934

Email: keith@africanagenda.co.za

