

Second Hardrock Safe  
**SAFETY CONFERENCE 2010**  
*Zero Harm*

4–5 August 2010 at Emperors Palace



VAT REGISTRATION NO: 4510106281  
Please complete and return to:  
Conference Co-ordinator, SAIMM  
P.O. Box 61127, Marshalltown, 2107  
Tel: +27 11 834 1273/7 · Fax: +27 11 838 5923 or 833 8156  
E-mail: raymond@saimm.co.za

**PERSONAL DETAILS**

**NAME:**

Title ..... First name ..... Other Initials ..... Surname/family name .....

Preferred name (for use on name badge) .....

Company ..... Designation .....

Company VAT registration (**compulsory—SA companies**) ..... Order No .....

Invoice address .....

..... Code ..... Country .....

Tel/cell: ..... Fax: ..... E-mail: .....

Accompanying persons name .....

SAIMM/AMMSA membership no. .... Are you a presenting author? .....

Do you require an invitation for visa purposes? .....

2 ECSA CPD credits will be allocated to attending delegates (1 credit per day)

**REGISTRATION FEES — All prices are inclusive of 14% VAT.**

Please indicate your choice by (✓ tick).

- |   |           |                          |
|---|-----------|--------------------------|
| SAIMM/AMMSA members or presenting authors<br>Members/Authors<br>(Excluding Industry Awards Day) | R6 600.00 | <input type="checkbox"/> |
| SAIMM/AMMSA members or presenting authors<br>(Including Industry Awards Day)                    | R8 200.00 | <input type="checkbox"/> |
| Non Members   | R9 400.00 | <input type="checkbox"/> |
| Student/Retired Members   | R1 900.00 | <input type="checkbox"/> |

Registration fees include attendance at the technical sessions, all refreshments and lunches at the conference, and attendance at the cocktail party. Delegates will also receive a bag, proceedings book and CD.

**Please note that delegates will be permitted to attend the conference only if their registration fees have been paid.**

Cancellation: A 50% refund will be made for cancellations received before 1 July 2010. No refunds will be made for cancellations on or after 1 July 2010.

**SOCIAL FUNCTIONS**

- **Networking cocktail function** (Wednesday 4 August 2010)  
Please indicate (✓ tick) for catering purposes if you will be attending. Included in the Registration Fee for all Registered Delegates and Accompanying Persons.  
YES  I will be attending (registered delegate)  
YES  I will be attending (accompanying person)
- **Special requirements** — Please advise any special requirements regarding diet, health or physical disabilities.  
.....

**PLEASE NOTE THAT THE AWARDS CELEBRATION DAY IS INCLUDED IF YOU BOOK FOR THE WHOLE CONFERENCE**

**PAYMENT**

Please include payment itemised as follows:

Conference registration fee R.....  
**TOTAL R**.....

**Cheques**—Enclose a cheque/money order (in SA Rands) payable to SAIMM or

**Credit Cards**—Debit (✓ tick) my:

Visa  Mastercard  American Express  Diners Club

Card no.

Expiry date:.....Last 3 digits on back of card.....

Signature:.....

Please print name of card holder:  
.....

Full payment is due on application for 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 to the Conference Co-ordinator. Delegates must be paid up to attend the conference.

**Our banking details are:**

Bank: Standard Bank Branch: Johannesburg  
Branch Code: 000205 Account No: 000402974  
Account Type: Cheque Account Swift No. SBZAZAJJ

**SUPPORTED BY:**

