



**SAIMM**  
THE SOUTHERN AFRICAN INSTITUTE  
OF MINING AND METALLURGY

Please complete and return to:  
SAIMM, P.O. Box 61127, Marshalltown, 2107  
Tel: +27 11 834 1273/7 · Fax: +27 11 838 5923 or 833 8156  
E-mail: camielah@saimm.co.za (Head of Conferencing) or  
anna@saimm.co.za (Registration)



is proud to host the

# CHROME COLLOQUIUM 2017

*What's next for Chrome? A debate on the tough questions*

**19–20 June 2017, Mintek, Randburg, South Africa**

## PERSONAL DETAILS

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: .....

SAIMM Membership No. .... Are you a presenting author? ..... Do you require an invitation for visa purposes? .....

**Please note: Non-members who have not previously been members of the SAIMM are entitled to free membership up to 30 June 2018, for attending this Conference.**

**Would you like to become a member of SAIMM?**  
Please indicate by (✓ tick)

## REGISTRATION FEES — All prices are inclusive of VAT.

Please indicate your choice by (✓ tick).

	Registration fees
Author	R6 500 <input type="checkbox"/>
SAIMM Members	R6 999 <input type="checkbox"/>
Non Members	R7 999 <input type="checkbox"/>
Students/Retired Members	R4 500 <input type="checkbox"/>

### REGISTRATION ONE DAY: R4 000.00

Delegates may also attend the conference for **ONE** day only

Please indicate (✓ tick) which day you will be attending.

Monday—19 June 2017  **OR** Tuesday—20 June 2017

Registration fees include attendance at cocktail parties, all refreshments and lunches, abstract booklet with CD of all papers presented at the conference, and delegate material.

### Cancellation and transfer policy:

Delegates unable to attend the event may send a substitute delegate in their place. Please send written details of substitution. Written cancellations must be received more than 10 working days prior to the date of the event and will be liable for 50% of the event fee. Failure to cancel, or cancellation received 10 working days or less prior to the event date, will result in liability for the full event fee.

■ **Special requirements** — Please advise of any special requirements for diet, health or physical disabilities.

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## PAYMENT

Please include payment itemised as follows:

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

**TOTAL R** .....

**Cheques**—Please find enclosed a cheque/money order (in SA rands) payable to SAIMM or

**Credit Cards**—Please debit (✓ tick) my:

Visa  Mastercard  American Express  Diners Club

Card No.

CVC authorisation (last 3 digits on the back of the card)

Expiry date: .....

Signature: .....

Please print name of cardholder:

.....

### Payment:

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 who have not paid will not be permitted 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

**2 ECSA CPD points will be allocated to all attending delegates**