

# Grade Control School

24 - 25 July 2019

The Glenhove Conference Centre  
Melrose Estate, Johannesburg



## 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: yolanda@saimm.co.za (Conference Co-ordinator) or

tshepi@saimm.co.za (Registration)

### Our banking details are:

Bank: Standard Bank

Branch Code: 000205

Account Type: Cheque Account

Branch: Johannesburg

Account No: 000402974

Swift No. SBZAZAJJ

### 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 .....

Tell/Cell: ..... Fax: ..... Email: .....

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 2020, for attending this Conference

Would you like to become a member of SAIMM?

Please indicate by (✓ tick)

**Please note: As a presenting author you do not pay for the day that you are presenting. Should you attend the full conference you will pay the already-discounted presenting author registration fee**

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

Please indicate your choice by (✓ tick).

	Early registration fees Before 24 May 2019		Registration fees After 24 May 2019	
SAIMM Members	R6 000	<input type="checkbox"/>	R6 900	<input type="checkbox"/>
Non Members	R6 900	<input type="checkbox"/>	R7 500	<input type="checkbox"/>
Students/Retired Members	R2 500	<input type="checkbox"/>	R2 500	<input type="checkbox"/>

### REGISTRATION ONE DAY: R4 500

Delegates may also attend the conference for ONE day only

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

Conference:

Wednesday—24 July 2019  Thursday—25 July 2019

• **Registration fees include:** attendance at technical sessions, cocktail parties, all refreshments and lunches, abstract booklet with a memory stick of all papers presented at the conference, and delegate material.

• **Registration fees exclude:** travel, accommodation.

### 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.

.....  
.....

2 ECSA CPD points will be allocated to all attending delegates

Online registration available on the [www.saimm.co.za](http://www.saimm.co.za) event page

### PAYMENT Details

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.

### Person responsible for Payment Authorisation

Name: .....

Surname: .....

Company: .....

Designation: .....

Tel: ..... Email: .....

Authorisation Signature: .....

Date: .....

Please include payment itemised as follows:

School registration fee R .....

TOTAL R .....

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

**EFT** (Electronic Fund Transfer) — Please attach proof of payment

**Credit Cards**—Please debit (3 tick) my:

Visa  Mastercard  American Express  Diners Club

Card No.

CVV authorisation (last 3 or 4 digits on the back of the card)

Expiry date: .....

Authorisation Signature: .....

Date: .....

Please print name of cardholder: .....