INTERNATIONAL

MINEHEALTH CONFERENCE 2020

6-27 AUGUST 2020



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 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

Preferred Name (for use on name badge)						
Company			.Designation			
Company VAT Registration (Compulsory—SA companies)			-			
Invoice Address						
Tell/Cell: Fax:				Email:		
SAIMM Membership No Are you a pre	senting a	uthor?	Do	you require an invi	itation for visa purposes?	
PLEASE NOTE AS A PRESENTING AUTHOR YOU DO NO			Would you like to become a member of SAIMM?			
PAY FOR THE SESSION THAT YOU ARE PR	ESENTI	NG		Please indicate by	(✓ tick)	
REGISTRATION FEES — All prices are inclusive of VAT.			Person responsible for Payment Authorisation			
Please indicate your choice by (✓ tick).		Name:				
6 August SAIMM/GSSA/SAGA Member	R700		Surname:			
6 August Non SAIMM/GSSA/SAGA Members	R850		Company:			
13 August SAIMM/GSSA/SAGA Members	R700					
13 August Non SAIMM/GSSA/SAGA Members	R850		Designation:			
20 August SAIMM/GSSA/SAGA Members	R700		Tel:Email:			
20 August Non SAIMM/GSSA/SAGA Members	R850		Authorisation Signature:			
27 August SAIMM/GSSA/SAGA Members	R700		Date:			
27 August Non SAIMM/GSSA/SAGA Members	R850					
Full Online Conference SAIMM/GSSA/SAGA Members	R2 500		Please include payment itemised as follows:			
Full Online Conference Non SAIMM/GSSA/SAGA Members	R3 000		Conference r	egistration fee	R	
Group Booking (10 or more per attendee)	R2 000		TOTAL D		TOTAL D	
Students/Retired Members (per session)	R300		TOTAL R		TOTAL R	
Students/Retired Members (for full online conference)	R800		Cheques—F	Please find enclosed	a cheque/money order (in SA Rands)	
Cancellation and transfer policy:			payable to S		a cheque/money crack (in extricinae)	
Delegates unable to attend the event may send a substitute de	elegate in				Please attach proof of payment	
their place. Please send written details of substitution. Written				s—Please debit (✓ 1	, ,	
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		Visa ☐ Mastercard ☐ American Express ☐ Diners Club ☐				
		Card No.				
for the full event fee.						
PAYMENT Details			CVV authoris	sation (last 3 or 4 digi	its on the back of the card)	
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 <i>via</i> fax or e-mail to the						
		Expiry date:				
Conference Co-ordinator.			Authorisation Signature:			
Delegates who have not paid will not be permitted to attend the conference.			Date			
ODD Delivie			Please print	name of cardholder:.		

Title First Name. Other Initials Surname/Family Name

CPD Points
0.1 ECSA CPD Points for every 1 hour webinar attended