

# 4th Mineral Project Valuation Colloquium

27–29 June 2017

The University of the Witwatersrand



**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)

## 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 are allowed free membership of the SAIMM, up to 30 June 2018, for attending this conference.  
• Members of the Geological Society of South Africa are entitled to the same rates for registration as the SAIMM members.

3 ECSA CPD points will be allocated to all attending delegates

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

Please indicate your choice by (✓ tick).

Authors	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 500.00

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

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

Tuesday—27 June 2017  **OR** Wednesday—28 June 2017  **OR** Thursday—29 June 2017

Registration fees include attendance at technical sessions, proceedings, cocktail parties, all refreshments and lunches at the conference.

### BREAKFAST DISCUSSION

Thursday, 29 June 2017 · Time: 08:30–11:00

All delegates R385

### 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 .....

Breakfast Discussion 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 Code: 000205  
Account Type: Cheque Account

Branch: Johannesburg  
Account No: 000402974  
Swift No. SBZAJJ