

CODE:

DATE:

EXHIBITOR REGISTRATION FORM

Post/E-mail/Fax to: Van Zyl, Rudd and Associates SA (Pty) Ltd
P O Box 12758
Centrahil 6006

Enquiries: Taryn van der Merwe
Tel: 041-373 4322 • Fax: 041-373 4323
E-mail: pa@vanzylrudd.co.za

- NOTE**
- UPON RECEIPT OF THE CORRECT VAT INVOICE FROM VZR, THE FULL TIER AMOUNT WILL IMMEDIATELY BE DUE AND PAYABLE.
 - VZR WILL NOT EXECUTE ANY EXHIBITOR FUNCTIONS UNTIL THE FULL AMOUNT DUE HAS BEEN PAID BY THE EXHIBITOR.
 - AN ADMINISTRATION FEE OF 20% OF THE VAT INVOICE AMOUNT WILL BE LEVIED ON A CANCELLATION RECEIVED PRIOR TO 1 MAY 2020 - IF THE CANCELLATION IS RECEIVED SUBSEQUENT TO 1 MAY 2020, THE EXHIBITOR IS LIABLE FOR THE FULL VAT INVOICE AMOUNT.
 - IN CASE OF A CANCELLATION, NO SUBSTITUTION IS PERMITTED.

Tick the appropriate box that has been selected: TIER 1 TIER 2 TIER 3 TIER 4 TIER 5

Tick the selected venue(s) and selected exhibition table and chairs option(s) ACCORDING TO YOUR TIER OPTION:

<input type="checkbox"/> PORT ELIZABETH THE BOARDWALK HOTEL WEDNESDAY, 12 AUGUST 2020 Table and chair option: (mark with X) <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d ● ● ● ●	<input type="checkbox"/> BLOEMFONTEIN KOPANO NOKENG COUNTRY LODGE FRIDAY, 14 AUGUST 2020 Table and chair option: (mark with X) <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d ● ● ● ●	<input type="checkbox"/> MIDRAND PROTEA HOTEL MIDRAND TUESDAY, 18 AUGUST 2020 Table and chair option: (mark with X) <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c ● ● ● ●
<input type="checkbox"/> KRUGERSDORP SILVERSTAR CASINO WEDNESDAY, 19 AUGUST 2020 Table and chair option: (mark with X) <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d ● ● ● ●	<input type="checkbox"/> CAPE TOWN THE TABLE BAY MONDAY, 24 AUGUST 2020 Table and chair option: (mark with X) <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d ● ● ● ●	<input type="checkbox"/> JOHANNESBURG THE MASLOW HOTEL WEDNESDAY, 26 AUGUST 2020 Table and chair option: (mark with X) <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d ● ● ● ●
<input type="checkbox"/> PRETORIA SUN TIME SQUARE THURSDAY, 27 AUGUST 2020 Table and chair option: (mark with X) <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d ● ● ● ●	<input type="checkbox"/> DURBAN SIBAYA CASINO TUESDAY, 1 SEPTEMBER 2020 Table and chair option: (mark with X) <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d ● ● ● ●	<input type="checkbox"/> JOHANNESBURG BIRCHWOOD HOTEL THURSDAY, 3 SEPTEMBER 2020 Table and chair option: (mark with X) <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d ● ● ● ●

KINDLY INSERT YOUR VAT NUMBER IN RESPECT OF INVOICING:

Banking details of Van Zyl, Rudd and Associates SA (Pty) Ltd: ABSA - Newton Park - Account No: 40 8094 0399
Branch code: 632-005

KINDLY COMPLETE THE FOLLOWING SO THAT VZR WILL BE ABLE TO ISSUE THE RELEVANT INVOICE AND STATEMENT:

Organisation: Postal address:.....

ID no: Company reg no:

Relevant order no:

Postal code: Tel: Fax:.....

Contact person name and surname:

Name and surname of person responsible for payment of this account:

Email address and landline of person responsible for the payment of this account:

Date:..... Name and surname: Signature:

The signatory warrants his/her authority to sign this agreement on behalf of the organisation.