



STAKEHOLDER INDABA 2014 REGISTRATION FORM



DELEGATE DETAILS:

Organisation Name

Organisation Address

CONFERENCE INFORMATION

(please note that all organisations are limited to 2 attendees)

NAME OF DELEGATE:

TITLE:

ID Number:

NAME OF DELEGATE:

TITLE:

ID Number:

TEL:

CELLPHONE:

FAX:

E-MAIL:

Is your organisation an NLB/NLDTF BENEFICIARY?

Yes

No

If Yes - what's your project number

Are you based 60km away from the venue if yes, will you require transport.

Yes

No

PROVINCE:

CITY/TOWN:

Are you based 60km away from the venue if yes, will you require accommodation.

Yes

No

Are you going to need translation, if yes, indicate your language

Yes

No

LANGUAGE:

Do you need braille

Yes

No

Dietary requirements

Halaal

Khosher

Vegeterian

Other

Any Disabilities?

Yes

No

Please state your disability and requirements:		
NAME 1st Delegate:	DATE:	SIGNATURE:
NAME 2nd delegate:	DATE:	SIGNATURE: