

**REGISTRATION FORM***Title: Prof. Dr. Eng. Arch. Mr. Mrs Ms Other.*

Surname:	First name:
Organisation:	
Address:	
City:	Post Code:
Country:	
Tel:+ / /	Fax:+ / /
E-mail :	
Paper Title (if Applicable)	

**CONFERENCE FEES**

Delegate conference fee (excluding accommodation)	R700	
Accompanying person: attends Ice Breaker function & Banquet @ R350	R	
Total Amount (R)	R	
Registration after 7 August 2009: add 10% surcharge on total above	R	
Form of payment:	Total of cheque enclosed	R
	Bank transfer* (please enclose copy)	R
Accompanying persons: Mr. Mrs. Ms. Other:		
Surname:	First name(s):	
Dietary preference:	Halaal Vegetarian Kosher	

**\*Account name:** University of Johannesburg**Bank:** ABSA Bank**Branch Code:** 632005**Account Number:** 4055642621**Reference Number:** 06162017800