

REGISTRATION FORM
2009 SA IEEE AP/MTT CONFERENCE

30 & 31 March 2009, Stellenbosch
 http://research.ee.sun.ac.za/apmtt2009

Please complete this form and return by fax or e-mail to Mrs Hannelie van Wyk at:
 Fax: 0866 453 946 (from abroad: +27-866 453 946) OR E-mail: hvanwyk@sun.ac.za

Surname:			
Initials:		Title:	
Legend for name tag (Name & Surname):			
Full name of company:			
VAT reg. number: (SA companies only)		Cell phone number	
Phone number of company (Switch board):		Fax number:	
E-mail address:			
Full POSTAL Address of Company:			

REGISTRATION FEES: STANDARD registration are set at **R1300 per person for early registration** (registration before 1 March 2009) and **R1500 per person for late registration** (registration after 1 March 2009). STUDENT registration are set at **R700 per person for early registration** and **R1000 per person for late registration**. **VAT is not applicable.**

An invoice will be issued for each attendee. However, **group bookings** are encouraged to simplify invoicing and the payment there of. **Registration fees must be paid in full by 23 March 2009**

PLEASE NOTE: Registration fee includes: the book of abstracts, tea/coffee & refreshments, lunches and conference dinner (on 30th of March 2009).

Will your company need an invoice? (please tick appropriate box)	YES	NO
Do you have any special dietary requirements? (please tick appropriate box)	YES	NO
If <u>YES</u> , please specify:		

A. Please specify conference fee by ticking the appropriate box:			
STANDARD REGISTRATION:		STUDENT REGISTRATION:	
Early Registration (before 1 March 2009)	Registration after 1 March 2009	Early Registration (before 1 March 2009)	Registration after 1 March 2009
R1300.00	R1500.00	R700.00	R1000.00

B. Accompanying person(s) attending the conference dinner:			
Date of event:	Number of accompanying guests:	Price per person:	Total:
30 March 2009		R250.00	

C. TOTAL AMOUNT DUE (A+B) :	
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*** **PAYMENT OPTIONS** (please indicate which option from 1-2):

1. CREDIT CARD PAYMENT (No invoice – a receipt will be provided)												
Name on credit card												
Type of card (mark with X)												
Diners	Masters	Visa										
Credit Card Number												
CVC/CVV (Additional 3 digits at the back of card)												
Expiry Date (MM/YY)												
Identity Number												

I hereby authorize the University of Stellenbosch to deduct _____ from my credit card in payment of the 2009 SA IEEE AP/MTT CONFERENCE.

Signature: _____ Date: _____

2. **PAYMENT BY EFT (Electronic Fund Transfer):** Please use invoice number as reference
3. **PAYMENT BY DEPOSIT AT ABSA BANK:** Please use reference number as indicated on invoice
4. **PAYMENT BY CHEQUE:** Payable to "University of Stellenbosch"

***** PLEASE FAX PROOF OF PAYMENT TO 0866 453 946 (from abroad: +27- 866 453 946) OR E-MAIL TO hvanwyk@sun.ac.za (indicate your name and company name please)**