



INS MID-YEAR CONGRESS
**CELEBRATING
50 YEARS**
CAPE TOWN, SOUTH AFRICA
05-08 JULY 2017

Exhibitors Booking Form

Please fill in all relevant information for registration and invoicing purposes:

Name of Organisation: _____

Contact Person: _____

Postal Address: _____

Town/City: _____

Postal Code: _____

Contact No: _____

Mobile No: _____ Email: _____

Position in Company: _____

Vat Registration No: _____

Representatives Attending:

1. _____ Mobile No: _____

2. _____ Mobile No: _____

Please indicate the need for electrical points this will be arranged for your account.

Y	N
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Banking Details:

PsySSA Main Account

Bank: ABSA

Branch: ROSEBANK

Branch Code: 630 805

Account No: 16-3016-5098

Cost: R9000-00 for 3 days (6,7,8 July 2017)

FOR ANY FURTHER EXHIBITION INFORMATION REQUIRED PLEASE CONTACT naziha@psyssa.com

Terms & Conditions

- Please note that registration is provisional until full payment has been received.
- You will remain liable for the exhibition fee if you do not cancel your booking.
- Exhibition will only be confirmed once payment has been received.
- Payment can be made by electronic transfer or deposit into PsySSA's bank account.

Banking details

Bank	ABSA, Rosebank
Account Holder	PsySSA Main Account
Branch Code	630-805
Account Number	16-3016-5098
Type of Account	Current Account

When payment is made via electronic transfer, please use the reference as indicated on the invoice and kindly e-mail the proof of electronic transfer to naziha@psyssa.com

- Companies requiring invoices – contact **Naziha Abbas** at 011 486 3322.
- All exhibition fees must be received no later than **Tuesday 31 May 2017**.
- As an exhibitor, I agree to pay the total cost. I hereby declare that I have read and accepted the terms and conditions of the participation contract and agree to abide by the rules and regulations of the CTICC.

SIGNED: _____ DATE: _____

Please e-mail the completed form to naziha@psyssa.com