SAPICS
The Association for Operations Management of Southern Africa

THE FRESH CONNECTION

supply chain management competition

5th March 2012

KENT OUTSOURCING

PLEASE COMPLETE LEGIBLY IN BLOCK CAPITALS

BILLING DETAILS	
COMPANY NAME:	**VAT No.**
Name (of person to whom invoice should be sent):	
Postal address:	
Email:	Work Tel:

REGISTRATION FEE PER TEAM – International Competition – The Fresh Connection Game 2012			
STANDARD INTERNATIONAL REGISTRATION FEE		€600.00	
SOUTH AFRICAN REGISTRATION FEES FOR SAPICS MEMBERS (non members, please contact the organiser's office):			
EARLY BIRD REGISTRATION FEE	**applicable if registered & paid before 15 December 2011**	R4, 750.00	R
STANDARD REGISTRATION FEE	**applicable if registered & paid before 31 January 2012**	R5, 500.00	R
CLOSING REGISTRATION FEE	**applicable if registered & paid after 1 February 2012**	R6, 250.00	R
OPTIONAL – Team Evaluation Report	❑ Please include this option	R4,600.00	R
		+ 14% VAT	**R_____**
		Total amount due	**R_____**

Team Players Names:	
Player 1: **Email:** **Cell:**	**Player 2:** **Email:** **Cell:**
Player 3: **Email:** **Cell:**	**Player 4:** **Email:** **Cell:**

PAYMENT DETAILS -. Payment may be made directly into any branch of FIRST NATIONAL BANK for the credit of SAPICS, account details as below. Please fax copy of the deposit slip to fax number +27 (0) 86 575 2959

Title of account: SAPICS Bank: First National Bank

Branch & Code: CARLSWALD (25-01-17) Account Number: 54924794009

For identification purposes, please insert the company name the reference box of the bank deposit slip.

SHOULD YOU WISH TO PAY BY CREDIT CARD, PLEASE COMPLETE THE FIELDS BELOW:

Name of Cardholder:																
Card Type:	Visa ☐			Mastercard ☐				American Express ☐				Diners Club ☐				
Card Number																
Expiry Date	M	M	Y	Y	Last 3 digits on reverse of card											
Signature of Cardholder:																

In the event of cancellation, 50% of fees will be credited provided cancellation in writing is received prior to 31 January 2012. After that date, no credits or refunds will be made. SUBMISSION OF A REGISTRATION FORM SHALL BE DEEMED TO BE ACCEPTANCE OF THE RULES, AND SHALL BE JOINTLY AND SEVERALLY BINDING ON THE APPLICANT AND THE APPLICANT'S CORPORATE ENTITY.

Signature of Applicant:

PLEASE COMPLETE AND RETURN THIS FORM TO THE ORGANISERS

(NB: Please contact the Organisers if you do not receive registration confirmation within 2 working days)

Upavon Conferences

Telephone: +27 11 023 6701 ● Fax: +27 (0)86 575 2959 ● email: info@upavon.co.za