

THE SAMREC/SAMVAL COMPANION VOLUME  
CONFERENCE

15–16 August 2017

Emperors Palace, Hotel Casino Convention Resort,  
Johannesburg



**SAIMM**  
THE SOUTHERN AFRICAN INSTITUTE  
OF MINING AND METALLURGY

Please complete and return to:  
SAIMM, P.O. Box 61127, Marshalltown, 2107  
Tel: +27 11 834 1273/7 · Fax: +27 11 838 5923 or 833 8156  
E-mail: gugu@saimm.co.za (Conference Co-ordinator) or  
anna@saimm.co.za (Registration)

PERSONAL DETAILS

Title ..... First Name ..... Other Initials ..... Surname/Family Name .....

Preferred Name (for use on name badge) .....

Company ..... Designation .....

Company VAT Registration (Compulsory—SA companies) ..... Order No .....

Invoice Address .....

..... Code ..... Country .....

Tel/Cell: ..... Fax: ..... E-mail: .....

Accompanying Persons Name .....

SAIMM Membership No. .... Do you require an invitation for visa purposes? .....

Please note: Non-members who have not previously been members of the SAIMM are entitled to free membership up to 30 June 2018, for attending this school.

Would you like to become a member of SAIMM?  
Please indicate by (✓ tick) ☐

REGISTRATION FEES — All prices are inclusive of VAT.

Please indicate your choice by (✓ tick).

SAIMM & GSSA Members R6 800 ☐

Non Members R7 500 ☐

Delegates may also attend the conference for **ONE** day only

**REGISTRATION ONE DAY:** R5 500.00 ☐

**REGISTRATION ONE SESSION:** R2 500.00 ☐

Registration fees include attendance at technical sessions, cocktail parties, all refreshments and lunches, electronic proceedings and delegate material.

**Cancellation and transfer policy:**

Delegates unable to attend the event may send a substitute delegate in their place. Please send written details of substitution. Written cancellations must be received more than 10 working days prior to the date of the event and will be liable for 50% of the event fee. Failure to cancel, or cancellation received 10 working days or less prior to the event date, will result in liability for the full event fee.

Signature: ..... Date: .....

■ **Special requirements** — Please advise of any special requirements for diet, health or physical disabilities.

PAYMENT

Please include payment itemised as follows:

Conference registration fee R .....

TOTAL R .....

**Cheques**—Please find enclosed a cheque/money order (in SA rands) payable to SAIMM or

**Credit Cards**—Please debit (✓ tick) my:

Visa ☐ Mastercard ☐ American Express ☐ Diners Club ☐

Card No.

CVC authorisation (last 3 digits on the back of the card)

Expiry date: .....

Signature: .....

Please print name of cardholder:

**Payment:**

Full payment is due on application for registration. Registration will be confirmed **ONLY** after payment is received. **PROOF OF PAYMENT** with your invoice number reflected must be sent via fax or e-mail to the Conference Co-ordinator.

Delegates who have not paid will not be permitted to attend the conference.

**Our banking details are:**

Bank: Standard Bank  
Branch Code: 000205  
Account Type: Cheque Account

Branch: Johannesburg  
Account No: 000402974  
Swift No. SBZAJJ

**NB: Documents for the workshop will be provided electronically on receipt of registration/payment**