



REGISTRATION FORM

**AMEU, SARPA AND WIE EASTERN CAPE BRANCH MEETING
ROYAL ST ANDREWS HOTEL, PORT ALFRED
7th and 8th MARCH 2024**

Name of Organisation: _____

Please indicate dietary requirements
(Eg. Halaal/Vegetarian/Kosher/Vegan)

PLEASE PRINT

First Name	Last Name	Cellular Number	Email Address	Membership E – Engineer A – Affiliate C –Councillor O - Ordinary	1 st Session Thurs, 1 st Feb 11h00 – 16h30 Including Lunch YES / NO	2 nd Session Fri, 2 nd Feb 08h30 – 13h00 Including Lunch YES / NO	Evening Social Event & Dinner Thurs, 1 st Feb YES / NO

Do you wish to present a paper?

Name of presenter: _____ Email Address: _____ Contact number: _____

TOPIC: _____

PLEASE NOTE:

A fee of **R2000,00** will apply for **VIRTUAL PRESENTATIONS**

Presentations should not be longer than 15 minutes, as we need to allow a further 5 minutes question/answer session

Please e-mail the attached Registration Form to RENE MEYER at rmeyer@mandelametro.gov.za by no later than 28th FEBRUARY 2024