

CONFERENCE INFORMATION

Please complete and return to: caesars@telkomsa.net

Company Name _____

Address: _____

Tel: _____ Fax: _____

Company VAT No: _____ Company Registration No _____

Contact Person: _____

Seating Arrangement:

Boardroom	U-shape	Cinema	Schoolroom	Banquet

Number of delegates (including facilitators):

Full day with lunch	Full day without lunch	Half day with lunch	Half day without lunch

DATE: ____/____/____ to ____/____/____ (____ days)

Arrival time: ____:____ Starting time: ____:____ Closing time: ____:____

Mid-morning tea/coffee break: ____:____ Mid-afternoon tea/coffee break: ____:____

Lunch break from ____:____ to ____:____

Meal requirements: Number of: Vegan Kosher Halaal

Other (specify) _____

- Special dietary requirements such as Halaal, Kosher, Vegetarian & Specialty Diet meals to be advised no later than 3 days prior to conference and carry a surcharge of R110 per person, per meal and above the normal rates

Please indicate who will be responsible for extras:

	Beverages	Photocopies	Faxes	Internet Voucher	Other (specify)
Company Account					
Delegate					

Projector rate R560/day:

Standard equipment: White board; Flip Chart; White board markers; Projector Screen

Any other requirements: _____
