

EXHIBITOR BOOKING FORM - RETURN WITH PROOF OF PAYMENT 15TH APRIL 2011

Name of organisation:		
Contact person:		
SAMA membership no. (if applicable) Please tick		(Organisational members /Supplier members)
Postal address:		
Telephone number		
Email address:		
Company website:		
Product details: Description of materials to be displayed		
Sponsorship of a prize for lucky draw Please tick		Yes/No Details:
No. of tables required:	@ R900 per table (members) R1100 per table (non-members)	R
Electrical connection required:	Please tick	Yes/ No
Lunch required: Please Tick <input type="radio"/> Day One - Yes/No <input type="radio"/> Day Two - Yes/No	<input type="radio"/> Halaal option <input type="radio"/> Vegetarian option <input type="radio"/> Normal option	Two lunches are included in the price of the table. Any additional lunch will be charged at R150 per lunch per day
TOTAL COSTS:		R

Please fax form with proof of payment to: 086 561 8774

or email to: admin@samontessori.org.za

SAMA BANK DETAILS:

Account Name: Southern African Montessori Association Trust

Bank: Standard Bank

Branch: Centurion 012 645

Account Number: 015 429 377

Ref: Your Organisation/ Surname - Exh

Please fax these documents (booking form and proof of payment to the SAMA office at 086 561 8774

Regrettably no telephonic bookings can be accepted.

