



REGISTRATION FORM

send completed form to marketing@imesa.org.za

WHERE ASKED TO ANSWER YES / NO, PLEASE INDICATE YOUR CHOICE WITH AN **X**.

COMPANY / ENTITY TO BE INVOICED									
COMPANY NAME:									
VAT NO:									
COMPANY ADDRESS:									
									POSTAL CODE:
PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT									
NAME:									
DESIGNATION:									
CONTACT DETAILS:		TEL:				EMAIL:			
DELEGATE DETAILS – GROUP DISCOUNT – Register 3 Ladies and get 1 FREE entry!									
1	NAME & SURNAME:								
	CONTACT DETAILS:		TEL:				EMAIL:		
	IMESA MEMBER?		YES	NO	If YES, IMESA MEMBERSHIP NO.				
2	NAME & SURNAME:								
	CONTACT DETAILS:		TEL:				EMAIL:		
	IMESA MEMBER?		YES	NO	If YES, IMESA MEMBERSHIP NO.				
3	NAME & SURNAME:								
	CONTACT DETAILS:		TEL:				EMAIL:		
	IMESA MEMBER?		YES	NO	If YES, IMESA MEMBERSHIP NO.				
4 FREE	NAME & SURNAME:								
	CONTACT DETAILS:		TEL:				EMAIL:		
	IMESA MEMBER?		YES	NO	If YES, IMESA MEMBERSHIP NO.				
5	NAME & SURNAME:								
	CONTACT DETAILS:		TEL:				EMAIL:		
	IMESA MEMBER?		YES	NO	If YES, IMESA MEMBERSHIP NO.				
6	NAME & SURNAME:								
	CONTACT DETAILS:		TEL:				EMAIL:		
	IMESA MEMBER?		YES	NO	If YES, IMESA MEMBERSHIP NO.				
7	NAME & SURNAME:								
	CONTACT DETAILS:		TEL:				EMAIL:		
	IMESA MEMBER?		YES	NO	If YES, IMESA MEMBERSHIP NO.				
8 FREE	NAME & SURNAME:								
	CONTACT DETAILS:		TEL:				EMAIL:		
	IMESA MEMBER?		YES	NO	If YES, IMESA MEMBERSHIP NO.				