



OPENSOURCE NEWSLETTER WORKSHOP
15 -1 7 June 2010

REGISTRATION FORM

Return together with confirmation of payment to: frayintermedia Postnet Suite 250, Private Bag X11, Craighall 2024 Email: snkabinde@frayintermedia.com Fax: 011 325 2631 Tel: 011 341 0767	Fee of R2 736 (incl VAT) ABSA Bank, Hyde Park Cheque Account Number: 4061912321 NB: PLEASE USE YOUR NAME AS A REFERENCE ON YOUR DEPOSIT
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Delegate:

Last Name: First Name:

Gender: Male Female

Position: Organisation:

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Tel: Fax: Email:

Dietary Requirements:

Details for invoicing:

Name:

Address:

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Tel: Fax:

Registration Policies:

1. Seats are limited and will be assigned on a first-come-first-served basis.
2. Registration will only be considered firm once confirmation of payment is received
3. Every attendee will receive a letter of confirmation.
4. Every attendee will receive an invoice and a certificate of attendance.
5. Cancellation requests must be sent by fax or email