

SA Crime Profile and Trends

12 April 2011 Cost R 350 Excl VAT

Delegate 1																			
First Name:									S	Surr	nam	e:							
Company:										Desi	igna	atior	n:						
Telephone:									F	ax:	:								
Postal address:																			
Email:									_										
Delegate 1																			
First Name:									S	Surr	nam	e:	_						
Company:										Desi	igna	tion	: _						
Telephone:									F	ax:									
Postal Address:																			
Email:																			
PAYMENT OP	TIONS																		
☐ Payment attac☐ Master Card	hed	□ Visa □ Payment de						ted		Account Name: CGCSA Bank: Standard Bank Account No: 02 229 445 7 Branch: Hyde Park – 006605									
		PO/Order No							C	Company VAT No									
Credit Card Paymen	nt Details																		
Card Holder Name) :																		
Card Number:																			
Expiry Date:																			
3 digit number on side:	reverse																		

<u>Please note</u>: Proof of payment is required at least 5 days before the event. Should payment not be received prior to the event, the delegate will not be allowed to attend.

Kindly fax a copy of the deposit slip with the registration form to Lorraine Nadas on 0867434331 or via email at events@cgcsa.co.za