

THE CULLINAN

1 Cullinan Street Waterfront, Cape Town, Tel: ++27 (21) 418 6920 Fax: ++27 (21) 425 8686

MTN REGIONAL MEETING 2010

Mr Mrs	Ms	Dr	Prof	Other	
rst Name					
Irname					
ldress					
ıburb / Town		Country		Postal / Zip Code	2
lephone		Fax			
obile / Cell Number		Email			
rival Date		Arrival Time			
eparture Date		Departure Time			
	otel on the stipulated date, yo	ou will be charged 1			nodation period cancellation charge ns will only be available until 03
fethod of Payment (To	be received within 7 days up	on making your bo	ooking)		
redit Card Number			Expiry Date		CVV Number
Bank Transfer	Name of Bank:	Nedbank			
Bank Transfer	Name of Bank: Branch: Branch Code: Account Number	Corporate Clie 145 405	nt Services		
-	Branch: Branch Code: Account Number	Corporate Clie 145 405 : 145 409 8384			
_	Branch: Branch Code: Account Number	Corporate Clie 145 405 : 145 409 8384			Data
Bank Transfer Please forward a copy of th Registrations will only be v Completed registration for	Branch: Branch Code: Account Number ne deposit slip as proof of p validated if all monies are	Corporate Clie 145 405 145 409 8384 payment to +27 paid in advance	(0) 21 425 8686		Date

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