



25th Annual South African Psychology Congress

EMPERORS PALACE, JOHANNESBURG, SOUTH AFRICA,
03-06 SEPTEMBER 2019

Exhibitors Booking Form

Please fill in all relevant information for registration and invoicing purposes:

Name of Organisation: _____

Contact Person: _____

Postal Address: _____

Town/City: _____

Postal Code: _____

Contact No: _____

Mobile No: _____ Email: _____

Position in Company: _____

Vat Registration No: _____

Representatives Attending:

Y	N
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1. _____ Mobile No: _____

2. _____ Mobile No: _____

Please indicate the need for electrical points this will be arranged for your account.



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BANKING DETAILS:

PsySSA CONGRESS

BANK: ABSA

BRANCH: ROSEBANK

BRANCH CODE: 630 805

ACCOUNT NO: 40-4940-7045

COST: R9500-00 for 3 days (4,5,6 September 2019)

FOR ANY FURTHER EXHIBITION INFORMATION REQUIRED PLEASE CONTACT
naziha@psyssa.com

Terms & Conditions

- Please note that registration is provisional until full payment has been received.
- You will remain liable for the exhibition fee if you do not cancel your booking by the 15th of August 2019.
- Exhibition will only be confirmed once payment has been received.
- Payment can be made by electronic transfer or deposit into PsySSA's bank account.

Banking details

Account Holder	PsySSA Congress
Bank	ABSA, Rosebank
Branch Code	630-805
Account Number	40-4940-7045
Type of Account	Current Account

When payment is made via electronic transfer, please use the reference as indicated on the invoice and kindly e-mail the proof of electronic transfer to naziha@psyssa.com

- Companies requiring invoices – contact **Naziha Abbas** at 011 486 3322.
- All exhibition fees must be received no later than **Friday the 31st of May 2019**.
- As an exhibitor, I agree to pay the total cost. I hereby declare that I have read and accepted the terms and conditions of the participation contract and agree to abide by the rules and regulations of Emperors Palace Convention Centre.

SIGNED: _____

DATE: _____

Please e-mail the completed form to naziha@psyssa.com