

DRONES AND UNMANNED AVIATION CONFERENCE

REGISTRATION FORM

COMPANY DETAILS

Company Name:

Address:

Country:

VAT:

MANAGER AUTHORISATION

Name.....

Position.....

Signature.....Date.....

Tel: Fax:

Email:

Investment per Delegate 2 days conference

African Rand: R3995.00 (excl VAT)

USD : 350 (excl vat)

Bank Name: First National Bank (FNB)

Account Name: Bussynet Advanced Trading

Account Number: 62605300607

Branch Name: Southdale

Branch Code: 254205

Swift Code: FIRNZAJJ

Reference: please state invoice number

Terms and Conditions

Payment Terms: Please note that payment is required no later than 10 days from invoice date. Payment must be received prior to the workshop date.

Cancellation, No shows and Substitutions: Please send written details of substitution. Written cancellations must be received more than 21 working days prior to the date of the event and will be liable for 50% of the event fee. Failure to cancel, or cancellations received 21 working days or less prior to the event date will result in liability for the full payment of the event fee. Non-payment or non-attendance does not constitute cancellation. No shows will be charged the full registration fees.

Alterations to advertised Training Brochure: While speakers and topics were confirmed at the time of publishing, circumstances beyond the control of organisers may necessitate substitutions, alterations or cancellations of topics or speakers. Bussynet Advanced Trading reserves the right to alter or modify the advertised speakers or topic if necessary without any liability to you whatsoever. Should Bussynet Advanced Trading permanently cancel an event, for any reason the Client shall be provided with credit of the equivalent amount paid towards the cancelled event.

The workshop fee entitles you the following: Morning & Afternoon Refreshments, lunch & workshop material but excludes travel and accommodation

To register for this event
Please complete the registration form
Below and email it to
harriet@bussynet.co.za please call us on
011 074 7095

DELEGATE REGISTRATION

Delegate 1:

Full Name:

Designation:

Contact Tel Number:

Email:

Delegate 2:

Full Name:

Designation:

Contact Tel Number:

Email:

Delegate 3:

Full Name:

Designation:

Contact Tel Number:

Email:

Delegate 4:

Full Name:

Designation:

Contact Tel Number:

Email:

Delegate 5:

Full Name:

Designation:

Contact Tel Number:

Email:

Delegate 6:

Full Name:

Designation:

Contact Tel Number:

Email:

Nomasonto (R)