



Energy & Mobility

1-Day Open Dialogue exploring the future mobility choices facing SA. What crucial infrastructure enablers are needed? How can risk be mitigated?

DATE: 22 February 2018

TIME: 07h30 - 16h00

VENUE: Sandton Convention Centre, Jhb

SANEA Members receive a special discount!



DELEGATE REGISTRATION FORM

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

This event has been endorsed by the SAIEE and has been given a preliminary validation of 1 CPD credit in terms of the ECSA CPD Policy

Name of Delegate & Contact Details:

| | | |
|----------------------------|--|-----------------|
| Title: | Name: | Surname: |
| Company: | Designation: | |
| Age Group: | 18 – 35 35 - 45 45 – 65 65 and older | Qualifications: |
| Industry Sector: | Electricity Coal Liquid Fuels Hydro Wind Solar Oil Nuclear Gas Financial Government Consulting Other | |
| Province: | Eastern Cape Free State Gauteng KwaZulu-Natal Limpopo Mpumalanga Northern Cape North West Western Cape Other | |
| Cellular: | Telephone: | |
| E-mail: | | |
| Postal Address: | | |
| VAT No: (if applicable) | Postal Code: | |

Account Person (if applicable) / Alternative Contact Person:

| | | |
|------------|------------|----------|
| Title: | Name: | Surname: |
| Telephone: | Facsimile: | |
| E-mail: | Cellular: | |

| Delegate Registration Fee: | Amount | Please tick <input type="checkbox"/> |
|---------------------------------|------------------------------|--------------------------------------|
| SANEA Members | R2 850-00 (Incl. VAT) | |
| SANEA Membership Number: | | |
| Non-members | R3 990-00 (Incl. VAT) | |

SANEA BANKING & PAYMENT DETAILS

Please choose **OPTION 1**, **OPTION 2** or **OPTION 3** in the appropriate box below:

| | | | | | | | |
|--|--|-----------------------|-----------------------------|---|--------|------|--|
| OPTION 1: BANK TRANSFER / EFT | Please specify your name and the date of the SANEA event on your bank transfer/EFT. Forward to: SANEA SECRETARIAT: sanea@sanea.org.za | | | | | | |
| | ABSA | Branch: 631005 | Account: 38026133715 | | | | |
| OPTION 2: CREDIT CARD | Please complete the following authorization for the SANEA Secretariat to debit your credit card: | | | | | | |
| I, the undersigned, do hereby authorize PerryReyneke to debit my Credit Card for the amount stated below. Please email a copy of the front and back of your credit card to the SANEA SECRETARIAT: sanea@sanea.org.za | | | | | | | |
| Registration Fees TOTAL: | | | | ZAR | | | |
| Credit Card Type X | Master | | Visa | | Diners | Amex | |
| Credit Card Number | | | | Expiry Date | | | |
| Cardholder's Name | | | | 3 Digit number on reverse side where applicable | | | |
| Cardholder's Signature | | | | Date of Signature | | | |
| OPTION 3: ONLINE PAYMENT | Please click here to process your online payment | | | | | | |

Final date for payments will be 17 February 2018.

Please e-mail the completed delegate registration form to the SANEA SECRETARIAT at sanea@sanea.org.za.
The acknowledgement of registration and a tax invoice will be forwarded to you via e-mail.

SANEA Booking, Payment & Cancellation Policy – Please [click here](#)

For additional information please contact: Sarita Cronjé
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