



**THE LEAN JOURNEY AT WELLS FARGO –  
A VIDEO AND INTERACTIVE TELEPHONE EVENT  
FROM  
THE LEAN INSTITUTE AFRICA  
27<sup>th</sup> AUGUST – JOHANNESBURG**

|   |  |             |              |                 |                |
|---|--|-------------|--------------|-----------------|----------------|
| Title (Mr/Mrs/Ms/Dr)  |  | Surname     |              | First Name      |                |
| Job Designation   |  |             | Company Name |                 | Company VAT No |
| Telephone (W)   |  | Cell number |              | Fax number      |                |
| Email Address   |  |             |              |                 |                |
| Postal Address  |  |             |              |                 |                |
| ID Number (Required for security purposes)  |  |             |              |                 |                |
| <b>Any special dietary requirements?</b> Halaal <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian <input type="checkbox"/><br>Other (Please specify) .....  |  |             |              |                 |                |
| Company Name for Billing Purposes:  |  |             |              |                 |                |
| Postal Address to which invoice should be sent:   |  |             |              |                 |                |
| <b>REGISTRATION FEES (PLEASE NOTE THAT SPACE IS LIMITED)</b>  |  |             |              |                 |                |
| DELEGATE FEE  |  |             |              | <b>R 500.00</b> |                |
| + VAT @ 14%   |  |             |              |                 |                |
| <b>TOTAL</b>  |  |             |              | <b>R</b>        |                |
| <b>PAYMENT DETAILS:</b> Please make cheques payable to <b>UPAVON CONFERENCES</b> . Payment may be made directly into any branch of First National Bank for the credit of the following account or by one of the credit cards below:<br>Title of Account: <b>UPAVON CONFERENCES</b> Bank: <b>FIRST NATIONAL BANK</b><br>Branch & Code: <b>CARLSWALD (25-01-17)</b> Account Number: 62062685759<br><i>For identification purposes, please insert delegate name in reference box of bank deposit slip</i>  |  |             |              |                 |                |
| Payment may be made by credit card<br>Name of Cardholder: .....<br>Type of Credit Card:    Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Diners <input type="checkbox"/> Credit Card<br>Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Last 3 digits on reverse side of card <input type="text"/> <input type="text"/> <input type="text"/><br>Signature of Cardholder: ..... Date: ..... |  |             |              |                 |                |
| <b>FULL PAYMENT IS DUE ON APPLICATION FOR REGISTRATION, HOWEVER, A TAX INVOICE WILL BE ISSUED IMMEDIATELY UPON RECEIPT OF THE COMPLETED REGISTRATION FORM. REGISTRATION WILL BE CONFIRMED ONLY AFTER PAYMENT IS RECEIVED.</b>   |  |             |              |                 |                |
| <i>In the event of cancellation, 50% of fees will be credited provided cancellation in writing is received prior to the 21<sup>st</sup> of August 2009. After that date, no credits or refunds will be made. You are however welcome to provide a substitute in your place. Please notify the Secretariat in writing of any such substitution. <b>SUBMISSION OF A REGISTRATION FORM SHALL BE DEEMED TO BE ACCEPTANCE OF THE ORGANISERS TERMS AND CONDITIONS, AND SHALL BE JOINTLY AND SEVERALLY BINDING ON APPLICANT AND THE APPLICANT'S CORPORATE ENTITY</b></i>   |  |             |              |                 |                |
| Signature of applicant: .....<br><p align="center"><b>PLEASE COMPLETE AND RETURN THIS FORM TO THE EVENT SECRETARIAT</b><br/>         Telephone: 27 11 805 6616 ● Fax: 27 11 315 3311 ● email: upavon@icon.co.za</p>   |  |             |              |                 |                |