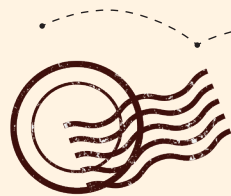


SACSC INTERNATIONAL TOUR 2019



11-20 JULY 2019



BY COMPLETING THIS FORM IT INDICATES THAT YOU ARE COMMITTED TO BEING PART OF THE SACSC INTERNATIONAL TOUR TO THE USA (NEW YORK & SEATTLE) 2019. THIS IS AN ELECTRONIC FORM. PLEASE COMPLETE THE FORM IN ADOBE ACROBAT AND RETURN IT TO SACSC BY CLICKING ON THE SUBMIT BUTTON ON PAGE 3.

A

DELEGATE DETAILS

Title : <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof	Email : _____
First Name : _____	Mobile : (_____) _____ <small>(+27) 82 562 2021</small>
Surname : _____	WhatsApp Mobile : (_____) _____ <small>(If different to mobile above) (+27) 82 562 2021</small>
ID No. : _____	Company Name : _____ (Legal Entity)
Do you have WhatsApp? : <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name : _____ (Trading Name)
Ethnic Group : <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White (To assist with BEE scorecard)	Job Title : _____
Telephone : (_____) _____ <small>(+27) 76 562 2021</small>	Physical Address : _____
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	
Age Group : <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 - 29 <input type="checkbox"/> 30 - 39 <input type="checkbox"/> 40 - 49 <input type="checkbox"/> 50 - 59 <input type="checkbox"/> 60+	
Birth Date : _____	Postal Code : _____
Language : <input type="checkbox"/> English <input type="checkbox"/> Afrikaans <input type="checkbox"/> Sotho <input type="checkbox"/> Tswana <input type="checkbox"/> Venda <input type="checkbox"/> Xhosa <input type="checkbox"/> Zulu <input type="checkbox"/> Other _____	
Passport Type : <input type="checkbox"/> South African <input type="checkbox"/> British <input type="checkbox"/> Other _____ (Passport travelling on)	
Passport No. : _____	Passport Expiry Date : _____
Passport Issue Date : _____	Passport Issuing Office : _____
Do you have a valid USA Visa? : <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of issue : _____ Date of expiry : _____
Emergency Contact Person : _____	Emergency Contact Mobile : (_____) _____ <small>(+27) 82 562 2021</small>
Medical Aid : _____	Medical Aid No. : _____ (Please submit a copy of your medical aid card or details)
Home Telephone (including area code for emergency) : (_____) _____ <small>(+27) 76 562 2021</small>	
Dietary Requirements : _____	
Shirt Size (S/M/L/XL) : _____	Shirt Size (32/34/36/38 etc.) : _____



SACSC INTERNATIONAL TOUR 2019

B

ENTITY TO INVOICE

Name of Entity to Invoice	:	_____	Registration / CK No.	:	_____
Postal Address of Entity	:	_____	VAT Registered	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	:	_____	If Yes, VAT No.	:	_____
Postal Code	:	_____	Email	:	_____
Contact Person	:	_____	Fax	:	(_____) _____ <small>(+27) 31 562 2021</small>
Telephone	:	(_____) _____ <small>(+27) 76 562 2021</small>			

C

CONTACT PERSON (details of person completing the form)

First Name	:	_____	Email	:	_____
Surname	:	_____	Mobile	:	(_____) _____ <small>(+27) 82 562 2021</small>
Job Title	:	_____	WhatsApp Mobile	:	(_____) _____ <small>(+27) 82 562 2021</small>
Completing form on behalf of	:	_____			

D

CHECKLIST (compulsory)

Please ensure the following listed items accompany your booking form:

- ☐ Copy of ID
- ☐ Copy of Passport (needs to be valid for 6 months after tour and must have 4 blank pages available)
- ☐ High resolution photo (close to 1meg) in jpeg format
- ☐ Copy of USA Visa

E

TRAVEL CHOICES

CHOOSE BETWEEN ECONOMY CLASS OR BUSINESS CLASS:

Will you be travelling Economy Class or Business Class (International Flights only i.e. between JHB and USA/return)?

Please select your preferred travel choice by ticking one of the boxes below

☐ ECONOMY CLASS: R92,000-00 excl. VAT per person ☐ BUSINESS CLASS: R152,000-00 excl. VAT per person

Prices quoted are from Johannesburg and return, however KZN and Cape Town options may be available at similar or slightly higher costs. Therefore please indicate by ticking appropriate region below if you wish for us to explore these options for you or if you prefer to travel from JHB.

Region travelling from? ☐ KZN ☐ Cape Town ☐ JHB ☐ Other _____

Region returning to? ☐ KZN ☐ Cape Town ☐ JHB ☐ Other _____



SACSC INTERNATIONAL TOUR 2019

F

TERMS & CONDITIONS

Once registration form has been received with all fields completed, an invoice will be generated and sent to the member/accounts contact for payment.

1. Numbers are limited therefore booking is essential (Should maximum numbers be received SACSC reserves the right not to accept any additional bookings).
2. Payments should be made payable to the South African Council of Shopping Centres. Banking details will be provided on the invoice.
3. Cancellations are non-refundable, 100% cost will be charged.
4. Name changes may be allowed depending on date of request however will incur cost to do so, as per rules of airlines. Name change will not be permitted once ticket has been issued.
5. By completing this form, confirms that the delegate will be responsible for full payment.

☐ **COMPULSORY:**

By ticking this box, I agree to, understanding and accepting all the Booking, Payment Conditions as stipulated in the Terms & Conditions above.

Date : _____

Signature : _____

[CLICK HERE TO SUBMIT YOUR COMPLETED FORM](#)

By clicking on the above button, your completed form will be submitted to events@sacsc.org.za