

WORKSHOP REGISTRATION FORM



www.kase.co.za

Knowledge Architecture Systems Engineering Workshops and Café Conversations

Event

Event Title			
Date		Venue	

Participant Information

Title	Mr Mrs Ms Dr Prof Hon
Surname	
First Names	
ID Number	
Position	
Company	
Email	
Phone	

Registration Information

Café Conversation	Yes	No
Member: R100		
Non-Member: R200		
2-Day Workshop	Yes	No
Member: R2000		
Non-Member: R2500		
Other:		

Payment Information

Payment Method	Yes	No
Bank Transfer		
Credit Card		
Other		

Bank Details Account Name: KASE Account Number: 534978004 Bank: Bidvest Ltd Branch Code: 462005	Transaction Reference: (Surname and Initials or Company Name)
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Purchase Order		Tax Invoice	
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Address

Address:			
Postal Code		City	
Region		Country	

Instructions:

Please email this form to Bridgetti Lim Banda, admin@kase.co.za

Website: www.kase.co.za | Cell: +27 82 530 1161 | Fax: 086 699 2846