

DIAC *Afric*

DIEN IN GOD SE MISSIE
SERVING IN GOD'S MISSION

Conference for the promotion of missional diaconate in Africa

CONFERENCE REGISTRATION FORM

This serves as a conference booking between Hugenate Kollege ("the organiser") and

SECTION A: DELEGATE

Title:	
Name:	
Surname:	
Postal Address:	
Postal Code:	
Tel Number:	
Mobile Number:	
E-mail Address:	
Dietary Requirements:	

SECTION B: CONFERENCE

Conference Cost:	R300-00
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SECTION C: BANKING DETAILS

Payments can only be made by electronic fund transfers (EFT)

Name of Account: Hugenate Kollege
 Branch: Wellington, South Africa
 Account No: 430 400 126
 Branch Code: 632 005
 Swift Code: ABSA ZA JJ

Reference: Please use the prefix "D9" followed by your initial and surname.

SECTION D: DECLARATION

I am authorised to make this booking and understand that I am liable for payment of this order as per the terms:

I. Payment must reach the organiser within 48 hour of the booking being made.

Signed at on this..... day of 20.....

Delegate Name:..... Signature:

PLEASE EMAIL YOUR BOOKING FORM AND PROOF OF PAYMENT TO: info@diacafric.co.za

In association with:

