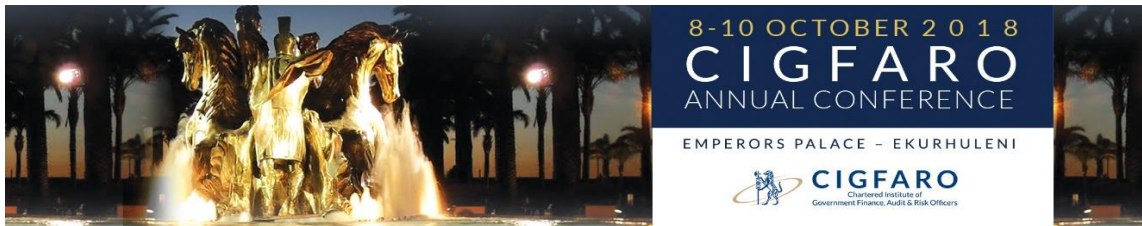


# EXHIBITION REGISTRATION FORM



Please complete the form in block letters.

## A) DETAILS OF EXHIBITOR

**Name of Company**

Postal Address

Postal Code

VAT Registration No.

Tel number:

Fax number:

Purchase order:

Email:

## B) SPONSORSHIP DETAILS

<input type="checkbox"/> Exhibition Package Number: _____	@	Refer to Schedule of Fees	= R
<input type="checkbox"/> Exhibition Stand/s Number: _____			
<input type="checkbox"/> Additional Representatives	@	R5,999 each	= R
<input type="checkbox"/> Additional Conference Delegates	@	R8,580 each	= R
<input type="checkbox"/> Advert in Conference Information Booklet	@	See schedule of fees	= R
<input type="checkbox"/> Advert in Conference Newspaper	@	See schedule of fees	= R
<input type="checkbox"/> Advert in CIGFARO Journal	@	See schedule of fees	= R
<input type="checkbox"/> Advert on CIGFARO Website	@	See schedule of fees	= R
<input type="checkbox"/> Sponsor Motivational Speaker	@	See schedule of fees	= R
<input type="checkbox"/> Sponsor Programme Manager	@	See schedule of fees	= R
<input type="checkbox"/> Sponsor Gala Dinner	@	See schedule of fees	= R
<input type="checkbox"/> Sponsor President's Dinner	@	See schedule of fees	= R
<input type="checkbox"/> Sponsor Refreshment Breaks	@	See schedule of fees	= R
<input type="checkbox"/> Sponsor Speaker Gifts	@	See schedule of fees	= R

**TOTAL R** \_\_\_\_\_ -

For more information e-mail [exhibition@cigfaro.co.za](mailto:exhibition@cigfaro.co.za) or contact the office 011-394-0879

Please quote Company Name or Invoice Number on deposit slips.  
Kindly fax proof of payment to 086-662-0969