|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HIGHWAY AFRICA 2018** | | | | | | |
| **DELEGATE DETAILS:** | | | | | | |
| Surname |  | | | Title | | . |
| First Name |  | | | | | |
| Institution /University Name |  | | Student Nr: | |  | |
| Postal address |  | | | | | |
| Country |  | Postal code | |  | | |
| Email address |  | Telephone | |  | | |
| Mobile/ Cell number  (Please include country code) |  | Fax | |  | | |

**ACCOMMODATION R 530.00 PER PERSON PER NIGHT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I would like to book university residence accommodation** (Please mark with and **X**) | | | | |  |
| Check in date: |  | Check out date: |  | | |
| Total number of nights: | | |  | | |
| **TOTAL AMOUNT FOR ACCOMMODATION** | | | |  | |

**PAYMENT OPTIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CREDIT CARD PAYMENT** (please provide details, only visa or master cards are accepted) | | | | | | | | | | | | | | | | | | |
| Name on credit card |  | | | | | | | | | | | | | | | | | |
| Credit Card Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |
| Type of Card (indicate with an X) | **VISA** | | | |  | | | | **MASTERCARD** | | | |  | | | | | |
| Expiry date (mmyy) |  |  |  |  | Last 3 digits on back of card | | | | | | | |  | |  | |  | |

|  |  |
| --- | --- |
| **BANK TRANSFER PAYMENT** | |
| Bank Name | First National Bank |
| Account Number | 6214 5507 490 |
| Branch Code | 210 - 717 |
| IBAN / SWIFT CODE | FIRNZAJJ |
| Branch Address | 102 High street Grahamstown |
| Please cite reference as follows**: Invoice Nr + delegate surname** | |
| **Send payment confirmation to** [**conference@ru.ac.za**](mailto:conference@ru.ac.za) | |

**INVOICE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** |  | | **Title** |  |
| **First Name** |  | | | |
| **Institution** |  | | | |
| **Postal address** |  | | | |
| **Country** |  | **Postal code** |  | |
| **Email address** |  | **Telephone** |  | |
| **Mobile/ Cell number** |  | **Fax** |  | |
| **VAT number** |  | | | |
| **Please submit completed form to conference@ru.ac.za** | | | | |

**Cancellation Policy No refund is given unless notification of any cancellation is received in writing. A cancellation levy of 33% is levied up to 48 hours of the booking. Cancellations received within 48 hours prior to arrival, incur a levy of 40% of the booking charge. No refunds are given for cancellations on or after arrival date. Refunds are processed after Graduation.**