



5th Annual SHECASA Conference
6-7 September 2018

Empowering SHE Professionals to fulfil their role in ensuring Legal
Compliance and Best SHE Practices in Institutions of Higher Learning



UNIVERSITY of the
WESTERN CAPE

University of the Western Cape
Cape Town

REGISTRATION FORM

A. DELEGATE DETAILS

Title: Initials & Surname: First name:
University/Organization:
Position at University/Organization:
Address:
City: State/Province: Zip/Postal Code:
Tel: (.....) Fax: (.....) Mobile/Cell: (.....)
Email:

Additional delegates (please list any other delegates, from the same institution, who will also attend):

| Title | Initials and Surname | First name | Position | E-mail address |
|-------|----------------------|------------|----------|----------------|
| | | | | |
| | | | | |
| | | | | |

(add more rows if required)

B. DELEGATE REQUIREMENTS

1. Networking dinner - Thursday, 6 September 2018 (please indicate number of delegates):
 2. Lunch – Friday, 7 September 2018 (please indicate number of delegates):
 3. Special dietary needs (please indicate if required, and number): Vegetarian: Halaal: Other:
- NB: Travel and Accommodation are for delegate’s own arrangement and account.

C. CONFERENCE FEES (Includes: Tea, refreshments, lunch, conference handouts, networking dinner and entertainment)

- C.1: R1,950 - SHE Professional member of SHECASA (registered and paid up tertiary institutions).
- C.2: R2 500 - all other delegates.

4. Total number of delegates: (C.1): x R1 950 AND/OR (C.2): x R2 500 =

TOTAL AMOUNT PAYABLE:

D. PAYMENT METHOD: Deposits can be made directly into the SHECASA bank account:

ABSA bank, cheque account 4084144626, Hatfield branch no: 632 005
PLEASE INCLUDE REFERENCE: Conf2018 + Surname Initial

Please e-mail or fax completed registration form, with proof of payment, to Alet Venter: aletv@uj.ac.za / (011) 559 6751

NB! NB! NB! LIMITED SPACE – BOOK EARLY!!