



2nd Africa Water Week

REGISTRATION FORM FOR EXHIBITORS



2ND AFRICA WATER WEEK

9 – 13 NOVEMBER 2009, GALLAGHER CONVENTION CENTRE,
MIDRAND JOHANNESBURG, SOUTH AFRICA

REGISTRATION FORM

Exhibition opportunities for the 2nd Africa water Week are afforded to your organisation to indicate interest to exhibit in the above-mentioned event.

Should you have any queries, please do not hesitate to contact Ms Mbali Mahaye
Tel: +27 12 366 7482, Email: mahayem@dwaf.gov.za.

EXHIBITOR'S IDENTITY

Company Name:		
Address:		
Post Code:	City:	Country:
Tax Number (if applicable)		
Phone:	Fax:	
Web site: www.		
CEO or General Manger	E-mail:	

PERSON IN CHARGE OF RELATIONS WITH 2nd AFRICA WATER WEEK

Operations Manager:	Cell:	
Address (if different):		
Phone:	Fax:	E-mail:

PROCESSES:

- Prospective exhibitors apply for exhibition space through an application form found on the website: www.dwaf.gov.za
- An e-mail response acknowledging receipt of application gets sent to the applicant
- The request closing date is 16 October 2009. Successful applicants will be notified by e-mail no later than 23 October 2009. They will be required to make payment by electronic transfer or by direct deposit. (Please refer to the Deposit Guideline Form)
- Proof of payment should be scanned and e-mailed to mahayem@dwaf.gov.za before 30 October 2009. (This will determine the success of the application)
- An e-mail with a stand number and floor plan will be sent through to successful applicants

BANK DEPOSIT FORM

We cannot process a request form for exhibition space returned without proof of payment.

I enclose proof of payment done electronically or by bank transfer

Method of Payment

Electronic Transfer (please scan and e-mail a copy of the money transfer validated by the bank)

Recipient organization: Department of Water Affairs
Name of the bank : ABSA BANK
Address of the bank : Pretoria South Africa
Telephone : +27 12 336 7500
Fax : +27 12 328 4254
Bank Account Name : Department of Water Affairs
Bank Account Number: 4049624754

Direct deposit (please scan and e-mail a copy of your deposit slip validated by the bank)

Recipient organization: Department of Water Affairs
Name of the bank : ABSA BANK
Address of the bank : Pretoria South Africa
Telephone : +27 12 336 7500
Fax : +27 12 328 4254
Bank Account Name : Department of Water Affairs
Bank Account Number: 4049624754

Total: R

Please e-mail proof of payment to:
Mahayem@dwa.gov.za

Name: _____

Address: _____

Country: _____ Post Code: _____

Signature

Declaration

I confirm that the information given herein is correct to the best of my knowledge.

I accept to receive by e-mail information from this organizer.

Signed by

Name (in block capitals)

Date:

/ / 200

Signature

Company Stamp
