**Heritage South Africa Annual Symposium 2016**

Genadendal Western Cape

Thursday 20 October, Friday 21 October & Saturday 22 October, 2016

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**Booking Form** (One form required per person)

Advance payment is required to reserve your place. *Meal refunds will be given up to 14 days before the event. Presentation reservations are non-refundable & profits will go to charities.*

|  |  |
| --- | --- |
| **Name & surname** |  |
| **I come from** |  |
| **Cell phone** |  |
| **Email** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **I wish to attend the following:** | | | |
| **Date** | **Item** | **Cost** | **Mark X** |
| Thursday 20October 2016 | Heritage SA AGM | Members |  |
| Friday 21 October 2016 | Morning programme | R80 |  |
| Friday 21 October 2016 | Lunch | R70 |  |
| Friday 21October 2016 | Afternoon programme | R 80 |  |
| Friday 21 October 2016 | Gala Dinner (Traditional meal) | R 200 |  |
| Saturday 22 October 2016 | Morning programme | R80 |  |
| Saturday 22 October 2016 | Tour of Museum | R 25 |  |
| Saturday 22 October 2016 | Lunch | R70 |  |
| Saturday 22 October 2016 | Afternoon Programme | R80 |  |

|  |  |
| --- | --- |
| **My Total Cost** | R |

Banking details for electronic payment **Account Name**: Heritage Association of South Africa

**Bank**: ABSA Bank Paarl Branch Code

**Savings account #** 9070570850

**Reference**: Your Last Name & First Initial

**To confirm your reservation Email:** [**info@heritagesa.org**](mailto:info@heritagesa.org) **, 071 528 7559**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I am a vegetarian** | | YES | NO | Other: |  | |
| **I need a lift up stairs** | | YES | NO | Other: |  | |
| **I plan to sleep in town on the following nights:** | | | | | | |
| Wednesday | Thursday | | | Friday | | Saturday |
| **I am staying at** | | | | | | |
| **Additional things I’d like you to know:** | | | | | | |
|  | | | | | | |