

REGISTRATION FORM

Thursday 25 and Friday 26 October 2018
 Wits Sport, Wits University, Sturrock Park

Early Bird Special: Please return the completed form and proof of payment by 31 JULY 2018 to:
 Faith Mashile at faith.mashile@wits.ac.za
 Enquiries: (011) 717 9403

NOTE: One form needs to be completed for each participant

| | |
|---|---|
| Title, Initials & Surname | |
| Company/Organisation | |
| Area of Interest | |
| Postal Address | |
| Telephone Number | |
| E-mail Address | |
| Cellphone Number | |
| Amount Paid | |
| Dietary Requirements Please tick the appropriate box | None <input type="checkbox"/> Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> Kosher <input type="checkbox"/> |

*Kindly note that Halaal and Kosher meals are available, on request, and at an additional charge.

BANKING DETAILS

Bank : First National Bank
Account name : University of the Witwatersrand - Sundry Debtors Account
Branch name : Client Services
Branch code : 210554
Account No. : 62077141580
Reference : 168034/Surname/PPS

INDEMNITY

I hereby indemnify the University of the Witwatersrand against all claims for damages, injury, incapacity, death etc. that may arise from me attending the WITS PEAK PERFORMANCE SUMMIT to be held on the 25th and 26th of October 2018 at the Wits Sport Conference Centre.

Name & Surname: _____ Date: _____