



ACCOUNT HOLDER:
BANK:
BRANCH:
ACCOUNT NUMBER:
SWIFT CODE:

NOORDELIKE CLIVIA KLUB
ABSA
632005
40-5366-6205
ABSAZAJJ

Registration Form

Please fill out the fields below and send to conference@northernclivia.co.za

PERSONAL INFORMATION:

Surname:			
First name:		Preferred name:	
Title:	City/town:		
Province:		Country:	Postal code:

CONTACT INFORMATION:

Cellphone number:		Email address:	
Dietary requirements (if any):			

ACCOMPANIED BY:

Surname:			
First name:		Preferred name:	
Title:		Cellphone number:	
Email address:		Dietary requirements (if any):	

EMERGENCY CONTACT:

Emergency contact name and surname:			
Relationship to participant:			
Title:		Cellphone number:	
Email address:			

Consent and declaration

I agree to the terms and conditions of registration

Signature:

Date:

