

## 86<sup>TH</sup> SOUTH AFRICAN MUSEUMS ASSOCIATION NATIONAL CONFERENCE REGISTRATION FORM

TITLE	FIRST NAME	SURNAME
MUSEUM/ORGANISATION	SAMA MEMBERSHIP NUMBER	
CONTACT NUMBER	CELL NUMBER:	
PHYSICAL ADDRESS	E-MAIL ADDRESS	

EVENT	ONLINE	IN PERSON
Day One Programme	<input type="checkbox"/> R350	<input type="checkbox"/> R1250
Day Two Programme	<input type="checkbox"/> R350	<input type="checkbox"/> R1250
Day Three- Inner City Excursion	<input type="checkbox"/> NA	<input type="checkbox"/> R0
Day Three- Cocktail Dinner	<input type="checkbox"/> NA	<input type="checkbox"/> R500
TOTAL		

PLEASE USE YOUR INITIALS AND SURNAME AS REFERENCE.

Send your registration form plus proof of payment to [samawc.secretary@gmail.com](mailto:samawc.secretary@gmail.com)

### BANKING DETAILS

SOUTH AFRICAN MUSEUMS ASSOCIATION

ABSA Bank Current account

Branch code: 632005

Current Account Number: 4049407825