

Hytera

Mission Critical Symposium 2019



RSVP FORM



Please complete this form in full, by computer or by hand, printing clearly in black ink.

Return to: RSVP@hyteramissioncriticalsymposium.co.za

TO SECURE YOUR PLACE AT THIS SYMPOSIUM – PLEASE COMPLETE THE FOLLOWING:

Name and Surname of Delegate : _____

Company | Government Dept Name : _____

Designation : _____

Representative Country : _____

Gender : _____

Work Physical Address : _____

Work Telephone Number : _____

E-mail Address : _____

Cell Number : _____

Emergency Contact & Cell Number : _____

Do you have any Special Needs : Disabled Require Translator Other Please specify

Do you have any Special Dietary Requirements : Vegetarian Halal Other Please specify



I am allergic to the following food / I don't eat

Mission Critical Symposium 2019



COCKTAIL EVENING

Will you be attending the cocktail and networking evening ? YES NO

I WOULD LIKE TO REQUEST THAT HYTERA EXTENDS IT'S INVITATION TO THE FOLLOWING PEOPLE

No	Delegate Name	Designation	E-mail	Cell
1				
2				
3				
4				
5				

Please cc me when sending Invitations to the elected people listed

RSVP CONFIRMATION

I herewith confirm my attendance to the Hytera Mission Critical Symposium 2019

I acknowledge that I have read, understood and accept the provisions of this symposium for and on behalf of the company / government department which I am duly authorised to represent

Name: _____ Signature: _____

Date: _____



EMAIL

Complete the attached RSVP form, scan and email to
RSVP@hyteramissioncriticalsymposium.co.za



For more information Contact

Cell: +27 647 733 497

Fax: 086 416 3252

BOOKING FORM

Mission Critical Symposium 2019



ACCOMMODATION – R 1950 per person per night

*Please Note: For those delegates that require accommodation, we can assist in the booking thereof based on special Pricing arranged with the hotel. **Delegates are however responsible for the payment towards their own accommodation should it be required***

Do you require accommodation : YES NO

If you answered YES above :
Confirm Arrival Information : Arrival Date: _____ Expected Time of Arrival: _____

Room type : non-Smoking Smoking

Anticipated Nights staying : Pre-Event Post-Event after cocktail

Invoice to be made out to : _____



FLIGHT INFORMATION

*Please Note: For those delegates that require booking of flights, we can assist in the booking thereof. **Delegates are however responsible for the payment towards their own flights should it be required***

Do you require us to book flight : YES NO

If you answered YES above :
Confirm the following : Airport of Departure: _____

Dates of Travel : Outbound: _____ Return: _____

Time of Departure : Outbound: _____ Return: _____

Alternate: _____ Alternate: _____

Frequently Flyer No : _____

Invoice to be made out to : _____



SHUTTLE SERVICE

Do you require a shuttle service from the airport to your accommodation : YES NO I will make my own arrangements