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BOOKING FORM

PLEASE COMPLETE AND FAX OR E-MAIL BACK. THANK YOU.

Function/Company Name			
Start Date:		Closing Date:	
Number of days:		Starting time:	
First Tea Break:		Second Tea Break:	
Lunch Break:		Other:	
Total number of Attendees (including presenters):			
Presenters Name :			

Mark with an X

Seating style (select one):	U-Shape	<input type="checkbox"/>	Schoolroom	<input type="checkbox"/>	Boardroom	<input type="checkbox"/>		
	Cinema	<input type="checkbox"/>	Other (specify):					
Number of parking needed:								
Equipment required (mark with a cross): Projector can be booked at additional cost.	Overhead Projector	<input type="checkbox"/>	Projection Screen	<input type="checkbox"/>	Flipchart 1	<input type="checkbox"/>	Whiteboard 1	<input type="checkbox"/>
	Data Projector @ R350.00 pd							

Special Dietary requirements (advise numbers):	Diabetic	<input type="checkbox"/>
	Kosher	<input type="checkbox"/>
	Halaal	<input type="checkbox"/>
	Vegetarian	<input type="checkbox"/>

Details of person responsible for payment & completing this form:			
Contact details	Office:		
	Fax :		
	Cell:		
	E-mail:		

Additional Information:
