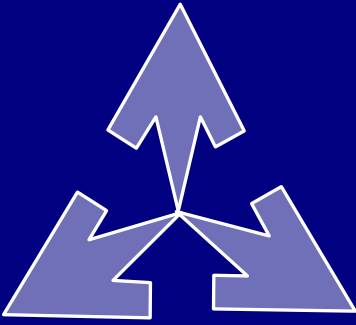


Safemap Africa

Innovators in Safety



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REGISTRATION FORM

Title:	<input type="text"/>	First names:	<input type="text"/>
Surname:	<input type="text"/>		
Employer:	<input type="text"/>		
Attendees:	<input type="text"/>		
Tel no:	<input type="text"/>	Fax no:	<input type="text"/>
Cell no:	<input type="text"/>	E-mail:	<input type="text"/>
Business address:	<input type="text"/>	Postal address:	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VAT number:	<input type="text"/>	Order number:	<input type="text"/>
Dietary request:	<input type="text"/>		
Date:	<input type="text"/>	Signature:	<input type="text"/>

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