

I/we would like to attend the ISSA2011 conference from 15 to 17 August 2011 to be held at Hyatt Regency Hotel, Randburg, Johannesburg, Gauteng, South Africa.

Local & International registration (South Africa)	ZAR		Q		ZAR
Speaker rate* (Registration & payment by 21 July 2011)	R3 500 p.p.	X		=	R
Early bird (Registration & payment before/on 7 July 2011)	R4 000 p.p.	X		=	R
Normal fee (Registration & payment after 7 July 2011)	R5 000 p.p.	X		=	R
Student fee (Full-time students with proof† by 21 July 2011)	R2 500 p.p.	X		=	R
At conference (Registration & payment 15-17 August 2011)	R6 500 p.p.	X		=	R
Gala dinner (Extra tickets for partners)	R300 p.p.	X		=	R
Minus Group discount on Normal fee (if applicable)					(R)
I will be attending the workshop on practical digital forensics on Day 3, FREE of charge	FREE!	X			N/A
TOTAL:					R

Registration includes 1 gala dinner ticket per person.

Group discounts

3-4 attendees from the same organisation:	10% off Normal Fee
5-6 attendees from the same organisation:	15% off Normal Fee
More than 6 attendees from the same organisation:	20% off Normal Fee

No group discount available on Speaker, Early Bird or Student rate.

To allow for adequate catering, please indicate which of the following you will attend: (please mark with X)

Day1	Day 2	Day 3	Gala dinner
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Special dietary requirements for lunch and/or gala dinner: _____

* If you are a fulltime student, but will be the speaker, you must register for the speaker rate and not the student rate. The student rate are for fulltime students who simply attend the conference without delivering a presentation.

† Please attached your proof of registration as a fulltime student to qualify for this rate, or an official letter from your HoD confirming that you are currently registered for a certain degree at your university.



REGISTRATION FORM 2011

ATTENDEE DETAILS *(Please complete this section for each person attending)*

Surname	Title (Prof/Dr/Mr/Mrs/Ms)	Initials		

Preferred first name	ID no / Passport no												

Organization	Department / Division

Designation / Job title

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E-mail address

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Address

PO Box	Private Bag
Street address	
Suburb	Code
City	Code
VAT number (if applicable)	

Telephone number

Tel ()	Fax ()	Cell / mobile:
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Have you attended any of the previous ISSA events?

Yes No

Would you like to be notified via email of future ISSA events?

Yes No

Where did you find out about ISSA2011? (Please mark with X)

Conference website	Email list	Word of mouth	Other website / Internet	Search engine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		Please specify:		

Please note that the registration deadline is 21 July 2011.



REGISTRATION FORM 2011

METHOD OF PAYMENT (Please tick one)

I enclose a cheque made out to **ISSA Conferences Club** for the amount of ZAR _____

I deposited the amount of ZAR _____ into the South African bank account listed below and have attached a clear copy of the deposit slip or emailed my proof of payment to Leandi Ligthelm at issaconferences@gmail.com. PLEASE NOTE OUR BANKING DETAILS CHANGED SINCE 2010 and are as follows:

Account name: ISSA Conferences Club
Bank: ABSA (SWIFT code for international transfers: ABSAZAJJ)
Branch: Centurion
Branch code: 632005
Account number: 4077 583 984
Type of account: Current/Cheque
Our reference: Please supply the delegate surname or invoice number[‡]

I require an invoice first before any payment can be made. An invoice to the amount of ZAR _____ should be sent to me. Please address the invoice to (organization/name)

Please email me the invoice to _____

Please fax me the invoice to _____

Terms and conditions for conference

- Cancellations:** Any cancellations received after 21 July 2011 is subject to a 25% administration fee. Cancellations received between 28 July – 10 August 2011 is subject to a cancellation fee of 50%. After 10 August 2011 the full fee is payable and no refund will be possible.
- Substitutions:** Registered attendees may be substituted at any time prior to the start of the conference without incurring an additional fee. Please notify us in writing of the change. No substitution is allowed for specific days of the conference.
- Payments:** Payment must be made prior to the start of the conference. Payments received after the conference will be subject to additional administration costs.
- Invoices:** Should you require an invoice before any payment can be made, kindly indicate it in the form above so that we can send you an invoice as soon as possible. We will understand if payment can only happen after receipt of an invoice, therefore, do not hesitate to send us this registration form before making any payments. Should you have specific requirements on what should appear on the invoice, send a request to issaconferences@gmail.com.
- Confirmations:** All registrations will be deemed confirmed and subject to these Terms and Conditions.
- Cancellation of conference:** In the event that the conference is cancelled, all registration fees will be returned in full. The organisers and sponsors can, however, not be held liable for any additional losses.

Kindly complete this registration form and return it to **Information Security South Africa** (with the deposit slip if applicable) at fax no: +27 86 720 1490 or scan/email to issaconferences@gmail.com

Payment must be received before commencement of the conference.

OFFICE USE ONLY		
Registration/file No:	Delegate ID:	Invoice No:

[‡] VERY IMPORTANT: Please ensure that you do provide ONLY one of these two types of references when depositing funds: If you decide to use the surname (last name), please make sure it is the surname for the registered delegate. If a group payment is made, rather request an invoice first by ticking the appropriate box in the form above and then use the invoice number of the invoice that was sent to you as our bank reference.