17th International AFRILEX Conference
2 – 5 July 2012

REGISTRATION FORM
(conference, workshop, dinner, excursion, membership)

Title, given name and surname: …………………………………………………………………………
Postal Address: ………………………………………………………………………………………………
………………………………………………………………………………………………………………Postal code: …………………
Cell/Mobile: …………………………………………   Fax: ………………………………………………
E-mail: ………………………………………………………….@……………………………………

Insert the relevant amount where applicable or circle the appropriate response.

1. CONFERENCE (3-4 July)
   Before 1 June 2012: R1 300.00 (members); R1 350.00 (non-members)      R ……………

2. DO YOU INTEND TO READ A PAPER?
   YES  |  NO

3. WILL YOU ATTEND THE PRE-CONFERENCE WORKSHOP (2 July)?
   YES  |  NO

4. CONFERENCE DINNER (3 July)
   R210.00 per person                     R ……………

5. CONFERENCE EXCURSION (5 July)
   R300.00 per person   ….. person(s) x R300.00 =   R ……………

6. AFRILEX MEMBERSHIP FEE FOR 2012
   R150 (personal, Africa) / R600 (corporate)              R ……………

TOTAL:  R………………

PAYMENT
Payment can be made in South African Rand directly into the AFRILEX savings account: ABSA Bank, Hatfield, Pretoria, South Africa, branch code 008675, account no. 9054460560. It is of utmost importance that proof of payment be sent to the Conference Organiser.

REGISTRATION
Send this completed registration form together with proof of payment to: Elsabé Taljard, Department of African Languages, University of Pretoria, 0002. | E-mail: elsabe.taljard@up.ac.za | Fax: +27 (0) 12 4202494.
Receipt of the registration form and payment will be acknowledged within 10 days.

I have deposited the amount of R……………… into the AFRILEX savings account and attach a copy of the deposit slip/electronic transfer.