



BOOKING FORM – GALA DINNER

10 OCTOBER 2018, 6:30 FOR 19:00 AT THE PROTEA HOTEL BY MARRIOTT HILTON.

Please fill in the form below and tick your dietary requirements if applicable

Company name:							
Address:							
Tel no:				VAT no:			
PCB member:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Membership no:		

Main contact:				Designation:			
Email:				Cell no:			

Name of delegate:				Designation:			
Email:				Dietary requirements:	V	H	K

Name of delegate:				Designation:			
Email:				Dietary requirements:	V	H	K

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Email:				Dietary requirements:	V	H	K

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Email:				Dietary requirements:	V	H	K

Name of delegate:				Designation:			
Email:				Dietary requirements:	V	H	K

V: Vegetarian H: Halaal K: Kosher

Form to be emailed along with proof of payment to: function@pcb.org.za

Lorna Jones
Phone: +27 33 345 2747
Email: function@pcb.org.za

