



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

Address: Tel no:	Company name:														
PCB member: YES NO Membership no: Main contact: Email: Designation: Cell no: Name of delegate: Designation: Dietary requirements: V H K Name of delegate: Designation: Email: Designation: Dietary requirements: V H K Name of delegate: Designation: Email: Designation: Dietary requirements: V H K Name of delegate: Designation: Email: Designation: Dietary requirements: V H K Name of delegate: Dietary requirements: V H K Designation: Email: Dietary requirements: V H K Designation: Dietary requirements: V H K Designation: Dietary requirements: V H K	Address:														
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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

