



REGISTRATION FORM

Wednesday 5 and Thursday 6 June 2019 Wits Sport, Wits University, Sturrock Park

Early Bird Special: Please return the completed form and proof of payment by 15 April 2019 to:
Vinolia Austin at Vinolia.austin@wits.ac.za
Enquiries: (011) 717 9409

NOTE: One form needs to be completed for each participant

Title, Initials & Surname	
Company/Organisation	
Area of Interest	
Concussion Treatment Training	(Please tick one of the boxes) YES <input type="checkbox"/> NO <input type="checkbox"/>
Postal Address	
Telephone Number	
E-mail Address	
Cellphone Number	
Amount Paid	
Dietary Requirements Please tick the appropriate box	None <input type="checkbox"/> Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> Kosher <input type="checkbox"/>

*Kindly note that Halaal and Kosher meals are available, on request, and at an additional charge.

BANKING DETAILS

Bank : First National Bank
Account name : University of the Witwatersrand - Sundry Debtors Account
Branch name : Client Services
Branch code : 210554
Account No. : 62077141580
Reference : 168034/Surname/PPS

INDEMNITY

I hereby indemnify the University of the Witwatersrand against all claims for damages, injury, incapacity, death etc. that may arise from me attending the WITS PEAK PERFORMANCE SUMMIT to be held on the Wednesday 5 and Thursday 6 June 2019 at the Wits Sport Conference Centre.

Name & Surname: _____ Date: _____

