CONTRACT TO EXHIBIT AT THE PSSA 2017 CONFERENCE

Full Company name (for invoicing purpose)					
Postal address					
VAT No (if applicable)					
Contact person					
E-mail address					
Telephone No					
Cell no / Mobile no					
Website					
		WE HEREBY APPLY FOR	THE FO	LLOWING:	
Package Selected	Package A	Package B		Package C	
Table / Stand choice					
Other sponsorship items		F			
(please list)	1 st Choice				
	2 nd Choice				
	3 rd Choice				
Notes/ Comments:	<u>.</u>				
CONTRACT SIGNED ON BEHALF OF THE COMPANY					
Signature:		Name:			
Designation:		Date:			
Upon acceptance of your application an invoice will be issued.					
For any further information, Email: <u>claries@londocor.co.z</u>		Londocor Event Manage	ment: T	<i>Tel: (0)11 954 5753</i> or	