



**COMPLIMENTARY EXHIBITORS FORM Page 3/3**

You have reserved Stand (Size # 1) Stand No.....  
 You have reserved Stand (Size # 2) Stand No.....  
 You have reserved Stand (Size # 3) Stand No.....  
 Each **Stand (Size #1)** is entitled to **THREE** complimentary Delegates  
 Each **Stand (Size #2)** is entitled to **TWO** complimentary Delegates  
 Each **Stand (Size #3)** is entitled to **ONE** complimentary Delegate  
 This form registers those complimentary delegates  
 For additional delegates please use the main Delegates Registration form on Page 3  
 Please attach 2 passport photographs or email for each delegate

*Print the delegate's name on the reverse of each photo.*

**Photos and Registration forms should be sent to:**

**The Registration Manager**

**Sithengi - PO Box 52120**

**Waterfront 8002,**

**Cape Town, South Africa**

[Tel: +27 21 430 8160](tel:+27214308160) [Fax: +27 21 430 8186](tel:+27214308186)

[accounts@sithengi.co.za](mailto:accounts@sithengi.co.za)

Your Sithengi Delegates Badges must be collected on arrival @ the Market. These Badges are non-transferable photo-passes, which allow access to Sithengi during the market week (13-16 November 2003).

October 15th is the final date for inclusion in the Market Guide. Delegates registered after this date will not appear in the Market guide.

**Please collect your badge at Artscape at the following times:**

Tuesday 11th November 14:00 - 1800hrs

Wednesday 12th November 0900 - 1800hrs

Thursday 13th November 0900 - 1800hrs

**Complimentary Exhibitor Delegate 1**

Title: Mr / Ms / Other (Please state \_\_\_\_\_)

**First Name:**

**Last Name:**

**COMPANY:**

**Primary Area of Business:**

**Branch/Division:**

**Position:**

**Postal Address:**

\_\_\_\_\_

Country

Postal/Zip Code

**Telephone Numbers (incl Country / City codes):**

Office Tel:

Fax:

Mobile:

Other:

e-mail:

Website

**Contact in RSA during Sithengi 2003:**

Tel:

Hotel:

**Complimentary Exhibitor Delegate 2**

Title: Mr / Ms / Other (Please state: \_\_\_\_\_)

**First Name**

**Last Name**

**COMPANY:**

**Primary Area of Business:**

**Branch/Division:**

**Position:**

**Postal Address:**

\_\_\_\_\_

Country:

Postal/Zip Code:

**Telephone Numbers (incl Country / City codes)**

Office Tel:

Fax:

Mobile:

Other:

e-mail:

Website:

**Contact in RSA during Sithengi 2003**

Tel:

Hotel:

**Complimentary Exhibitor Delegate 3**

Title: Mr / Ms / Other (Please state \_\_\_\_\_)

**First Name:**

**Last Name:**

**COMPANY:**

**Primary Area of Business:**

**Branch/Division:**

**Position:**

**Postal Address:**

\_\_\_\_\_

Country:

Postal/Zip Code:

**Telephone Numbers (incl Country / City codes):**

Office Tel:

Fax:

Mobile:

Other:

e-mail:

Website:

**Contact in RSA during Sithengi 2003:**

Tel:

Hotel: