



Member / Delegate Details

Registration Form # 1a

Students please complete Form # 1b & 1c, pages 4 & 5

Registration sponsored by the INDUSTRIAL DEVELOPMENT CORPORATION IDC



Register on-line at www.sithengi.co.za

Corporate Member 1, 2 & 3 / Individual Member / Virtual Member / Delegate / Daypass

Please indicate preferred status:

Form with checkboxes for 2003 Membership (Corporate Member 1, 2, 3, Individual Member, Virtual Member), Delegate (Week, Day Pass, Thurs.13th, Fri.14th, Sat.15th, Sun.16th), and Please indicate region (Africa, South Africa, Foreign).

Name of Corporation/Company:

Contact Details

Tick if also responsible for account payments

Title: Mr. Ms. Other (Please state):

First Name:

Last Name:

Position:

Postal details

Postal Address:

City:

State:

Postal/Zip Code:

Country:

Telephone Numbers

Country Code: City Code Number

Office:

Fax:

Mobile:

Other:

Internet Details

e-mail:

website:

Contact in SA during Sithengi 2003

Area Code: Number:

Telephone

Accommodation details

(For contact purposes only during the Market)

Name of Hotel/Accommodation

Check-in Date

Day/ Month/ Year Time of arrival

Check-out Date

Day/ Month/ Year Time of arrival

Have you attended Sithengi before?

YES NO

If yes, please indicate below.

Form with checkboxes for years 1996-2002.

Professional Details

Primary Area of Business (Choose 3 Only)

Form with checkboxes for Buyer, Broadcaster, Festival Organiser, Producer, Distribution, Organisation, Distributor, Writer, Finance, Sales Agent, Editor, Production Services, Government, Actor, Professional Services, Commissioning Editor.

Primary Business Product (Choose 3 Only)

Form with checkboxes for Short Film, Feature Film, Animation, TV Fiction, TV Formats, Documentary, Children, Other.

If Buyer, please indicate last 3 purchases

Table with columns: Price, Title, Year Bought, Where? and rows 1), 2), 3).

If Producer/Seller/Distributor, please indicate 3 titles of projects being brought to Sithengi Market

Form with rows 1), 2), 3).

Form Submissions

A head and shoulders photograph has been:

Form with checkboxes for e-mailed, posted to Sithengi.

Please submit this form to:

The Registration Co-ordinator Sithengi

PO Box 52120 Waterfront, Cape Town 8002 South Africa

Telephone: 27 21 430 8160 Fax: 27 21 430 8186 E-mail: accounts@sithengi.co.za

Submission of this form indicates that you have read and accepted the terms and conditions of registration and participation at Sithengi 2003

Signed:

Date:

Please note that Form # 1c, (Account Payment Details) must be attached in order to complete your registration.