



**REGISTRATION FORM**  
**National Congress & Awards Ceremony**  
**Virtual event**  
**19 October 2021**



**Please complete & return BEFORE 15 October 2021**

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**DELEGATE** (please complete in FULL)

Title:	Surname			Name	
Position			Company:		
Street Address:					
Postal code:		Cell no:		E-mail:	

MPO member ☐ Sponsor ☐ Delegate ☐ MPO director ☐ Speaker ☐ MPO staff ☐ Media ☐

NB. Kindly note that we need FULL address and other contact details

**A. REGISTRATION:**

Date	Time	Wish to attend	Cost p/p	VAT	<input checked="" type="checkbox"/>	Amount
19 October	18:00	Congress	0	0		0

**B. SIGNATURE**

Signed at \_\_\_\_\_ on \_\_\_\_\_ 2021.

Signature \_\_\_\_\_

