



**MANDELA WEEK
FRIDAY, 14 JULY 2017**

REGISTRATION TO PARTICIPATE

SANDTON CONVENTION CENTRE

| INVOICING DETAILS | | | |
|---------------------|--|--------------|--|
| COMPANY NAME: | | | |
| POSTAL ADDRESS: | | | |
| | | POSTAL CODE: | |
| PHYSICAL ADDRESS: | | | |
| | | POSTAL CODE: | |
| VAT NUMBER: | | | |
| CO REGISTRATION NO: | | | |

Please indicate:

1. Number of Teams - 20 People per team

| Teams | Volunteers | Donation | ✓ |
|-------|------------|----------|---|
| 1 | 20 | R12,000 | |
| 2 | 40 | R24,000 | |
| 5 | 100 | R60,000 | |
| 8 | 160 | R96,000 | |
| 10 | 200 | R120,000 | |
| | | | |

2. Shift time/s

| Shift | Shift Times | # of Teams |
|---------|----------------|------------|
| SHIFT 1 | 08:00 TO 09:07 | |
| SHIFT 2 | 10:00 TO 11:07 | |
| SHIFT 3 | 12:00 TO 13:07 | |
| SHIFT 4 | 14:00 TO 15:07 | |
| | | |

| | | | |
|--|--|----------------|--|
| PRINT FULL NAME OF PERSON SIGNING THIS REGISTRATION: | | | |
| CONTACT NUMBER | | EMAIL ADDRESS: | |
| NAME OF PERSON RESPONSIBLE FOR PAYMENT: | | | |
| CONTACT NUMBER | | EMAIL ADDRESS: | |

NOTE: INVOICE AND MOU TO FOLLOW RECEIPT OF THIS REGISTRATION. THIS REGISTRATION IS ONLY CONFIRMED ON PAYMENT OF THE INVOICE AND RECEIPT OF THE CONFIRMATION OF PAYMENT (email to: events@stophungernowsa.org).
INVOICE NUMBER TO BE USED AS REFERENCE NUMBER FOR PAYMENT.

DONOR AUTHORISED SIGNATURE:

NAME (PRINT IN FULL)

SIGNATURE

PLACE SIGNED

DATE

FOR STOP HUNGER NOW SOUTHERN AFRICA

BRIAN NELL (NATIONAL OPERATIONS MANAGER)