



# Exhibition

19-21 SEPTEMBER 2014  
DURBAN EXHIBITION CENTRE

GROWING SUSTAINABILITY

## Exhibition Registration Form

### REGISTRATION FEE

SMMEs : R855.00

NPOs : R1596.00

NGOs : R1596.00

### PARTICIPANT INFORMATION

Please complete this form below

#### COMPANY NAME

.....

Sector/ What field of work are you in.....

Other (please specify) .....

Are you exhibiting for the first time? Yes  No

Additional Events Training: Exhibition Techniques  Brand & Marketing  Both

Stand Name Required: .....

### EXHIBITION

Registration benefits:

- Networking opportunity with over 500 exhibiting business including international exhibitors.
- Showcase your brand and create awareness of your product and services to over 15 000 local and international visitors.
- It is a one stop shop world class exhibition, business information and networking destination
- Gala Dinner - 1 Ticket Per Stand

Exhibiting hours : 9am to 5pm  
 Exhibitors set-up : 18 September 2014, 8am - 5pm  
 Exhibition Date : 19 - 21 September 2014, 8am - 5pm  
 Exhibitors breakdown : 21 September 2014 after 5pm or 22 September 2014, 8am - 5pm  
 Registration and payment deadline : 30 May 2014

Bank : Standard Bank Reference No. : 200 9360 2863  
 Account Name : EThekweni Municipality Branch Name : Kingsmead  
 Account No. : 05 013 3969 (For Cash or Cheque Payments) Branch Code : 040026  
 Account No. : 05 013 4116 (For EFT Payments)

Or pay at **Florence Mkhize Building**, 254 Smith Street or any Municipal outlet **Reference** 200 9360 2863 and your **Exhibition stand name**  
**NB: No refunds will be issued: stands will only be allocated upon proof of payment receipt.**

- \* An invoice for payment will be sent to you upon request.
- \* For enquiries please contact Ikhono Communications:  
Nokuthula Ngcobo on 031 266 9937/8 or email: [nokuthula@ikhono.co.za](mailto:nokuthula@ikhono.co.za) or [info@ikhono.co.za](mailto:info@ikhono.co.za)
- \* **Please note that your registration is not automatic and is subject to confirmation by the organisers who will issue you with a Exhibitors Confirmation e-mail which will be required upon registration.**

Please complete and return this form to Ikhono Communications,  
Tel: +27 31 266 9937; Fax: 086 775 9022; email: [dbnbusinessfair@ikhono.co.za](mailto:dbnbusinessfair@ikhono.co.za) or [info@ikhono.co.za](mailto:info@ikhono.co.za)

Please fax Registration form with proof of payment to 031 562 0536

Website: [www.dbnbusinessfair.com](http://www.dbnbusinessfair.com)



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## COMPANY PROFILE FORM

Please Tick The Correct Box

<b>RMS Customer Account Number</b>	
<b>Section A</b>	
Customer Type	<input type="checkbox"/> Private Individual <input type="checkbox"/> Business
<b>Section B</b>	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Unknown
Surname	
First Name	
Residential Status	<input type="checkbox"/> South African <input type="checkbox"/> Non South African <input type="checkbox"/> Asylum Seeker
Nationality	<input type="checkbox"/> South African <input type="checkbox"/> Non South African <input type="checkbox"/> Unknown
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Of Birth	
Race	<input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Colored <input type="checkbox"/> Other
<b>Section C</b>	
Identity Type	<input type="checkbox"/> Book Of Life (ID) <input type="checkbox"/> Passport
Identity Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Passport Number	
Passport Expiry Date (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Section D</b>	
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Zulu <input type="checkbox"/> Afrikaans <input type="checkbox"/> Other
Preferred Contact Method	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Post
Cellphone Number	
Home Telephone Number	
Fax Number	
Email	

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Section E	
Address Type	Residential Address (Physical) Postal Address
Address ID	
Unit Number	
Block Name	
Complex Name	
Street Number	
Street Name	
Street Type	
Suburb	
City	
Province	
Country	
Postal Area	
Postal Code	
Postal Address same as Residential Address	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address Type	P O Box
Box Number	
Postal Area	
Postal Code	
City	
Effective From	
Section F	
OFFICE USE ONLY	
Advert ID	
Management Area	
Trading Area	
Trading Type	<input type="checkbox"/> Street Trader <input type="checkbox"/> Itinerant <input type="checkbox"/> Hive <input type="checkbox"/> SMME Hive
Trading Area Type	<input type="checkbox"/> Demarcated <input type="checkbox"/> Non Demarcated
Trading Block	
Trading Site ID	
Section G	
Old Account Number	
Old Permit Number	
Permit Number	Permit Issued Date
Applicants Signature	Permit Expiry Date
Received By	Received Date (DD/MM/YY)
Captured By	Captured Date (DD/MM/YY)

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