





23-26 June 2009
 Port Elizabeth – Nelson Mandela Bay – South Africa
DELEGATE SHIRT ORDER FORM

DELEGATE DETAILS

Last Name:			
First Name:		Title (e.g. Dr):	
Mailing Address:			
Email Address:			
Facsimile (country/ area code/ number):			
Telephone number (country/ area code/ number):			

SHIRTS	SUB-TOTAL
I would like _____ CMT 2009 shirts @ R100 per shirt	
Please specify shirt sizes: S [] M [] L [] XL []	
TOTAL AMOUNT DUE	

PAYMENT

CREDIT CARD PAYMENT																																								
Card Type:	Card Number:	CVV:																																						
Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																			<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				
Valid Dates (mm/yyyy)	From	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																			To:	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																		
Cardholder's name (as it appears on card):																																								
Cardholder's signature:																																								

RETURN ORDER FORM AND PROOF OF PAYMENT TO:

CMT2009 Conference Secretariat	Physical Address:	53 Mackay Street
Fax: +27 41 582 3068		Richmond Hill
e-mail: host@cmt2009.com		Port Elizabeth, South Africa
	Telephone:	+27 41 582 5289