



# Wireless Access Voucher Order Form

If you can imagine it, we can host it

Wireless Access 2009 **DEADLINE DATE: One week prior to event/exhibition**

RETURN TO: Zanaxolo Filifili  
1 Lower Long Street, Cape Town, 8001  
Fax: +27 21 410 5191/Tel: + 27 21 410 5072  
e-mail: [zanaxolo@ctconvention.co.za](mailto:zanaxolo@ctconvention.co.za)

Company name	<input type="text"/>	Exhibition/Event	<input type="text"/>
		Stand/Room #	<input type="text"/>
Street Address	<input type="text"/>	Office #	<input type="text"/>
	<input type="text"/>	A/H/mobile #	<input type="text"/>
	<input type="text"/>	Facsimile #	<input type="text"/>
Authorised by	<input type="text"/>	e-mail address	<input type="text"/>
Signature	<input type="text"/>	Dates required	<input type="text"/>
Date	<input type="text"/>	(From-To)	<input type="text"/>

Wireless Access	Billing	Amount	Unit price ZAR	No of days	TOTAL ZAR
30 min. Wireless Access Voucher			R 50.00		
60 min. Wireless Access Voucher			R 80.00		
Daily Wireless Access Voucher	Per Day		R 425.00		
				SUB TOTAL ZAR	
				Orders received after the deadline (5 working days) are subject to an additional 20% surcharge ZAR	
				VAT 14% ZAR	
				TOTAL ZAR	



Exhibition/Event: \_\_\_\_\_

Stand/Room : \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

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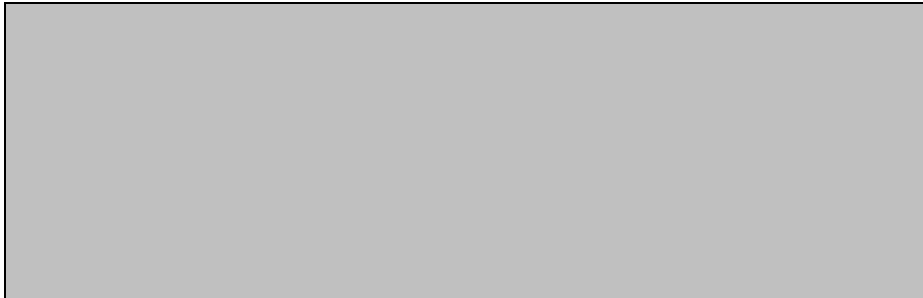
***\*Services will not be installed until credit card authorization form below has been completed or proof of payment has been received***

To effect payment please complete authorisation to charge to credit/debit card	
Circle your credit card company: American Express, Visa, Eurocard/Mastercard, Diners Club/Debit Card	
Credit Card number:	
CVV No. (Last 3 No's on back of card):	
Expiry date:	
Name of credit card holder:	
Name:	
Signature:	

BANKING DETAILS	
Bank:	Standard Bank
Account name:	Cape Town International Convention Centre
Account number:	070823871
Branch name:	Thibault Square
Branch code:	020909
S.W.I.F.T. address:	SBZA ZA JJ

Vat registration number: 4030199741

**BACK OF STAND**



**FRONT OF STAND**



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## Payment Method

### Credit Card Authorisation:

We/I, \_\_\_\_\_ hereby authorise the  
deduction of the amount of \_\_\_\_\_ by the  
Cape Town International Convention Centre from our/my Credit Card, details below:

Type of Credit Card (VISA, American Express, Diners, etc.)	
Credit Card Number	
Expiry Date	
CVV Number Last 3 numbers on back of card	
4 Digit Security Number on the Card (American Express)	
Card Holders Name	
Card Holders Billing Address	
Card Holders Date of Birth	

### Please send copy of back & front of the Credit Card

Authorised Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form to the following fax number: **+27 21 410-5191**