

VISITORS FORM

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Title: Mr Mrs Prof Dr /

Name:


Surname:

University:

Position:

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SECTION A: ACCOMPANYING UNIVERSITY DELEGATES

1) Title: Mr Mrs Prof Dr /

Name:

Surname:

University:

Position:



CV Attached via: *(please check)*

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2) Title: Mr Mrs Prof Dr /

Name:

Surname:

University:

Position:



CV Attached via: *(please check)*

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3) Title: Mr Mrs Prof Dr /

Name:

Surname:

University:

Position:



CV Attached via: *(please check)*

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4) Title: Mr Mrs Prof Dr /

Name:

Surname:

University:

Position:



CV Attached via: *(please check)*

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SECTION B: ARRIVAL FLIGHT DETAILS

Date: Time: Flight Number:

SECTION C: DEPARTURE FLIGHT DETAILS

Departure from Port Elizabeth

Date: Time: Flight Number:

SECTION D: AIRPORT TRANSFERS & ACCOMMODATION

Airport Transfer needed? Yes No

Accommodation booking assistance needed? Yes No

Accommodation booking made at:

Please provide any details regarding special requirements:

SECTION E: FACULTY MEETINGS

Please state the purpose of your visit and the specific faculty you would like to meet with:

Please state your areas of interest:

Please specify the dates you would like to spend on campus:

SECTION F: ADDITIONAL EVENTS

Sightseeing / Excursion booking assistance? Yes No

Please specify your interest:

Thank you for taking the time to complete this form,

*Once you have completed your attendee form please SAVE it and email the PDF to:
Janine.Wagenaar@mandela.ac.za*