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Surname:				
Title:				
Company name:				
Adresss:				
Address 2:				
City:				
Postal code:				
Regional location (Please tick as appropriate)	Eastern Cape	Free State	Gauteng	
	KwaZulu-Natal	Limpopo	Mpumalanga	
	North West	Northern Cape	Western Cape	
Business Telephone:				
Business Fax:				
Email Address:				
Do you wish to receive a free subscription to BPeSA Newsletter	YES		NO	
What is your job title:				
Type of organisation (please tick as applicable in the box provided)	Association incorporated under section 21			
	Closed Corporation			
	Partnership			
	(Proprietary) Limited			
	Public Entity			
	Public Limited Company			
	Sole proprietorship			
	Other (please provide details below)			
Classification of business or industry you work in	Automotive			
	Banking			
	Broadcasting			
	Electronics			
	Entertainment			
	Healthcare			
	Hospitality			
	Information Technology			
	Insurance			
	Manufacturing			

	Public Services: Municipal Agency	
	Public Services: Municipal Government	
	Public Services: National Agency	
	Public Services: National Government	
	Public Services: Provincial Agency	
	Public Services: Provincial Government	
	Retail	
	Telecommunications	
	Travel	
	Transport	
	Other (Please provide details below)	
Industry Association Membership (Please indicate which industry association your organisation belong to)	CallingtheCape	
	ContactinGauteng	
	KZNonSource	
	Other (please provide details below)	

Once you've filled in the required details, please send your form to :
Fax: +27 11 783 5347

Thank you for your co-operation in filling out the subscription questionnaire.