

SCHEDULE OF MEETINGS - UPDATE FORM

NOTE: ALL SECRETARIES ARE TO KINDLY COMPLETE THIS FORM IMMEDIATELY AT THE END OF EVERY MEETING, AND SUBMIT IT TO GLENDA COHEN.

YOU ARE CAUTIONED THAT VENUE SPACE IS VERY LIMITED AND ADVANCE WARNING OF ALL MEETINGS IS VITAL FOR EFFICIENT PLANNING. FURTHER, WITHOUT THE CORRECT NOTIFICATION, NO TRAVEL AND ACCOMMODATION ARRANGEMENTS CAN BE MADE FOR DELEGATES. IT IS THEREFORE IN YOUR OWN INTEREST TO COMPLETE THE FORM AS ACCURATELY AND AS SOON AS POSSIBLE. THANK YOU.

NAME OF PERSON COMPLETING THE FORM:.....

NAME OF GROUP-IN FULL:

DATE ON WHICH FORTHCOMING MEETINGS WERE SCHEDULED:.....

LOCATION OF MEETINGS: (eg, Jhb, Dbn).....

SCHEDULE OF PLANNED MEETINGS:

DATE	GROUP NAME	QUANTITY	START/END	MEALS
MON 10 FEB	WGSUB (3) 1	40	13:30-18:00	12:30

eg.

NAMES OF THE DELEGATES ATTENDING THE MEETING:

Please attach copy of delegate list.