

FACTSHEET

TO INTERNATIONAL ORGANISATIONS

PRACTICAL ARRANGEMENTS AND INFORMATION FOR THE MEETING OF CODESA ON FRIDAY 20 DECEMBER AND SATURDAY 21 DECEMBER 1991

As a follow-up to the invitation sent to you last week, we wish to bring the following to your attention.

1. For us to ensure necessary facilities, it is necessary for you to complete the attached form "Travel and Accommodation Arrangements for CODESA" and fax to CODESA immediately. On receipt of the completed form Elize Strumpfer will arrange your transport and accommodation. If you have any queries please speak to her on telephone number (011) 397 2189 or fax her on (011) 397 2190.
2. If any assistance is required with your visa applications, please contact Andrew Feinstein urgently at 011 - 397 1198/9
3. Accommodation and meals will be provided by CODESA.
4. CODESA will be unable to cover the costs of your air travel.
5. You will be met by CODESA officials at Jan Smuts airport Johannesburg. Transport will be provided by CODESA to your hotel, between your hotel and the Convention Centre, and from your hotel to the airport on your departure. These CODESA officials will be on hand throughout the Convention to provide assistance to you.
6. Please provide us with the total number, names and positions/ranks of your delegation immediately.
7. Please inform us of any specific dietary requirements of any member of your delegation.
8. The language of the Convention will be English.
9. At the Convention Centre a (common) VIP room will be available for you and your support team. It will contain a telephone, a fax machine, a work area, and a leisure area. Drinks and snacks will be available.
10. A meeting room will be provided where you will be able to conduct discussions with delegates and observers. Requests for use of the room should be made at the Protocol Office on the lower level of the Convention Centre. You will be supplied with a list of the contact numbers of the protocol official of each organisation participating in CODESA. Setting up of meetings will be facilitated by contacting these officials.
11. Please complete the two attached forms and return to us immediately or by not later than 10h00 on Tuesday 17/12/1991.

CODESA

Convention for a Democratic South Africa

0009.AF(A)

PO Box 307 ISANDO 1600 South Africa ** Telephone (011) 397-1198/99 Fax (011) 397-2211

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TO: INTERNATIONAL ORGANISATIONS

Kindly complete the attached form and return it to the Codesa offices as a matter of urgency, to fax no. 011 397-221 by no later than 10h00 on Tuesday 17 December 1991.

Name of Organisation: _____

Address (Postal): _____

Address (Physical): _____

Name of Delegate (in full, stating title/rank):

1. _____
2. _____
3. _____
4. _____
5. _____

Name of Support Staff (Maximum of two per delegate, in full and stating title/rank).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

8. _____

9. _____

10. _____

These names are urgently required for the purposes of travel and accommodation requirements, registration, catering and security arrangements.

Note: If any changes are made to these names please notify this office by no later than 17h00 on Tuesday 17 December 1991

CODESA

Convention for a Democratic South Africa

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TRAVEL AND ACCOMMODATION ARRANGEMENTS FOR CODESA TO BE HELD AT THE WORLD TRADE CENTRE ON 20/21 DECEMBER 1991

NAME OF DELEGATE: _____ POSITION/RANK: _____

ADDRESS: _____

TELEPHONE NUMBERS: _____ (W) _____ (H)

FAX NUMBERS _____ (W) _____ (H)

TRAVEL ARRANGEMENTS

TRAVEL BY: OWN CAR/AIR*

**Delete where not applicable*

IF TRAVELLING BY AIR - PLEASE SUPPLY THE FOLLOWING DETAIL:

CHECK IN TIME	DEPART FROM	TIME	FLIGHT NUMBER	ARRIVAL AT JAN SMUTS	TRANS-PORT REQUIRED	DEPART TO AIRPORT	AIR TICKET REFERENCE NUMBER

REQUEST CONFIRMED:

CHECK IN TIME	DEPART FROM JAN SMUTS	FLIGHT NUMBER	DEPART TO	ARRIVAL AT JAN SMUTS	TRANS-PORT REQUIRED	DEPART TO AIRPORT	CHECK-IN TIME

REQUEST CONFIRMED:

ARRANGEMENTS FOR ACCOMMODATION

ACCOMMODATION IS AVAILABLE AT THE CARLTON HOTEL, JOHANNESBURG - BED AND BREAKFAST INCLUDED. ALL OTHER MEALS WILL BE PROVIDED BY THE HOST.

TIME OF ARRIVAL: _____

TIME OF DEPARTURE: _____

ABOVE ARRANGEMENTS REQUESTED BY: NAME: _____

ABOVE ARRANGEMENTS CONFIRMED BY: NAME: _____