



CONFERENCE DETAILS AND REGISTRATION FORM

10TH CIDB POSTGRADUATE CONFERENCE

PORT ELIZABETH
SOUTH AFRICA
25-27 FEBRUARY 2018

Aim and objectives:

The 10th cidb (Construction Industry Development Board) postgraduate conference aims to strengthen construction industry performance and transformation through a purposive engagement with contemporary research discourses. The broad objectives of the conference are to:

- Provide a forum for multi-disciplinary interaction between academics and practitioners;
- Provide an internationally recognised, and accredited conference;
- Disseminate ground-breaking and cutting-edge practices, and
- Contribute to the built environment body of knowledge.

Conference theme:

Towards a better route to enhanced productivity, performance, and transformation of construction

To realise the aforesaid theme, the conference will address topics, which *inter-alia*, include:

- Construction economics and resources;
- Construction resources e.g. labour;
- Education and training;
- Multi-cultural issues;
- People in construction;
- Professional association and registration;
- Project management knowledge areas;
- Project management processes;
- Project parameters e.g. cost, health and safety, and quality;
- Skills development and transfer, and
- Sustainability and sector transformation.

Organisers / Contact persons:

- Academic Programme Chair: Prof. Fidelis Emuze
femuze@cut.ac.za
- Technical Programme Chair: Prof. John Smallwood
John.Smallwood@mandela.ac.za

Conference web site:

<http://www.cut.ac.za/cidb-postgrad-conf/>

Venue:

Protea Hotel by Marriott Port Elizabeth Marine, Marine Drive, Port Elizabeth, South Africa

Conference fees (excludes accommodation):

CIB / Voluntary Association Member / cidb / BE Statutory Council registered	R 4 000.00 + 14% VAT
Non-ditto	R 4 500.00 + 14% VAT
Students (Full-time)	R 2 750.00 + 14% VAT
Accompanying persons	R 2 250.00 + 14% VAT

Continuing Professional Development (CPD)

The Association of South African Quantity Surveyors (ASAQS) will award 12 CPD hours in Category 1.

Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Eng. <input type="checkbox"/> Arch. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Surname:	First name:
Organisation:	
Is your company responsible for payment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Purchase Order Number: <input type="text"/>	Signed Company Letter: <input type="checkbox"/>
Address:	
City:	Post Code:
Country:	
Tel:	Fax:
E-mail:	
CONFERENCE FEES	
CIB / Voluntary Association Member / cidb / BE Statutory Council registered Participant: Please record your registration / Membership No.: _____	R 4 560.00
Non-above Participant <input type="checkbox"/>	R 5 130.00
Accompanying Person <input type="checkbox"/>	R 2 565.00
Student (Please attach a copy of your student card) <input type="checkbox"/>	R 3 135.00
Total (ZAR)	R
FORM OF PAYMENT: <input type="checkbox"/> Cheque enclosed (payable to 'NMU') <input type="checkbox"/> Bank transfer (please enclose a copy)	
Bank: Standard Bank Branch Code: 050417 Account Name: Nelson Mandela University Account Number: 080263011 Reference: INVOICE NUMBER OR EC31 Surname and Initials Swift code: SBZAZAJJ	
ACCOMPANYING PERSON: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Surname:	Name:

If your employer is paying for you and you need an INVOICE, please provide us with the employer's name, contact person and e-mail address, **Order number or signed company letter, VAT number, correct postal address and contact numbers (these are crucial).**

If the Government is responsible for your payment: We will need the **PURCHASE ORDER NUMBER** on the registration form as well as a copy of the purchase order.

Fees are payable strictly in advance, and cancellations within 2 working days of the conference will incur a 100% cancellation fee.

Dietary requirements (tick appropriate box)

Normal	<input type="checkbox"/>
Kosher	<input type="checkbox"/>
Halaal	<input type="checkbox"/>
Vegetarian	<input type="checkbox"/>
Other	<input type="checkbox"/>

Welcome function

Will attend	<input type="checkbox"/>
Will not attend	<input type="checkbox"/>

Conference Dinner

Will attend	<input type="checkbox"/>
Will not attend	<input type="checkbox"/>

PLEASE E-MAIL COMPLETED FORM & PURCHASE ORDER OR SIGNED COMPANY LETTER TO: mariana.botes@mandela.ac.za & femuze@cut.ac.za OR FAX TO: +27 (041) 504 2345

REGISTRATION FORM