



This form is also available online at:  
<http://www.turnersconferences.com/conferences/2019/OSHAfrica2019/secure/FlightBookingForm.asp>

HAVE YOU REGISTERED FOR THE CONFERENCE?  
 IF NOT PLEASE REGISTER ON THE WEBSITE <http://www.oshafrica2019.com/> USING THE ONLINE BOOKING FORM

**FLIGHT BOOKING FORM**

To book, kindly complete this form and email or fax to Turners Travel.

Surname / Last Name	Full First Names as per ID / Passport	Title	Nationality	Passport / ID Number
KAKUUKU	ALEX	Mr	UGANDA	A00050426

**ADDRESS**

Company /Institution	GEOTROPIC CONSULTS LTD				
Postal Address	P.O.BOX 16799				
City	KAMPALA	State	UGANDA	Zip Code	256
Country	UGANDA	Phone: Inc. Code	+256	Mobile:	+256782022087
E-mail Address	ajkakuuku@gmail.com			Fax: Inc. Code	
Special Dietary Requests:	Name:	N/A	Request	N/A	
Frequent Flyer Number	SAA:	BA:	Other Airlines: EK324552524		

**A Flights:**

Please ensure that traveller names and surnames are according to your ID / Passport as failure to do so could cause inconvenience and / or you could be denied boarding by the airlines.

	From City	To City	Date	Time
<b>DEPARTURE</b>	<b>ENTEBBE</b>	<b>JOHANNESBURG</b>	<b>17/09/2019</b>	
<b>RETURN</b>	<b>JOHANNESBURG</b>	<b>ENTEBBE</b>	<b>22/09/2019</b>	

Other Special Requests: Specify	
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**Please complete this reservation form and forward it to the appointed travel agent:**

**Turners Travel (Pty) Ltd**  
 PO Box 1935,  
 Durban, 4000  
 South Africa

Telephone: 27 31 368 8000  
 Fax: +27 31 368-6623  
 Email: [keshinir@xlturnerstravel.co.za](mailto:keshinir@xlturnerstravel.co.za)  
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