



# EXHIBITOR REGISTRATION FORM 2026



DECREASING BARRIERS BY INCREASING ACCESS

      @reSURGEenceConference  [www.reSURGEenceConference.com](http://www.reSURGEenceConference.com)

THE NEW YORK  
*Christian times*



26 – 27 October 2026  
Durban Exhibition Centre

## EXHIBITOR REGISTRATION FORM

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### REGISTRATION FEE

|                                     |           |                    |           |                       |           |
|-------------------------------------|-----------|--------------------|-----------|-----------------------|-----------|
| SMMEs:                              | R500.00   | NPOs:              | R1 000.00 | NGOs:                 | R1 000.00 |
| Provincial and National Government: | R5 000.00 | Government Agency: | R5 000.00 | Tertiary Institution: | R2 000.00 |
| Local Government Department:        | R5 000.00 | Corporates:        | R5 000.00 |                       |           |

**DEADLINE FOR PAYMENT: 31 AUGUST 2026**

### SECTION A

|                             |                                                             |                                                      |                                                          |                                                                 |                                                        |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------|-------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Company Name                | <input type="text"/>                                        |                                                      |                                                          |                                                                 |                                                        |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Company Registration Number | <input type="text"/>                                        |                                                      |                                                          |                                                                 |                                                        |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Business Sectors            | <input type="text"/> Vendor <input type="text"/>            | <input type="text"/> Training <input type="text"/>   | <input type="text"/> Arts and craft <input type="text"/> | <input type="text"/> Manufacturing <input type="text"/>         | <input type="text"/> ICT Services <input type="text"/> | <input type="text"/> Business <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                             | <input type="text"/> Advisory Services <input type="text"/> | <input type="text"/> Fashion <input type="text"/>    | <input type="text"/> Decor <input type="text"/>          | <input type="text"/> Other, please specify <input type="text"/> |                                                        |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Customer Type               | <input type="text"/> Private <input type="text"/>           | <input type="text"/> Individual <input type="text"/> | <input type="text"/> Business <input type="text"/>       |                                                                 |                                                        |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### SECTION B

|                    |                                                                                                                                                                                         |                                                             |                                                         |                                                   |                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Title              | <input type="text"/> Mr <input type="text"/>                                                                                                                                            | <input type="text"/> Mrs <input type="text"/>               | <input type="text"/> Miss <input type="text"/>          | <input type="text"/> Ms <input type="text"/>      | <input type="text"/> Unknown <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname            | <input type="text"/>                                                                                                                                                                    |                                                             |                                                         |                                                   |                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First Names        | <input type="text"/>                                                                                                                                                                    |                                                             |                                                         |                                                   |                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Residential Status | <input type="text"/> South African <input type="text"/>                                                                                                                                 | <input type="text"/> Non South African <input type="text"/> | <input type="text"/> Asylum Seeker <input type="text"/> |                                                   |                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nationality        | <input type="text"/> South African <input type="text"/>                                                                                                                                 | <input type="text"/> Non South African <input type="text"/> | <input type="text"/> Unknown <input type="text"/>       |                                                   |                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gender             | <input type="text"/> Male <input type="text"/>                                                                                                                                          | <input type="text"/> Female <input type="text"/>            |                                                         |                                                   |                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth      | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |                                                             |                                                         |                                                   |                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Race               | <input type="text"/> Indian <input type="text"/>                                                                                                                                        | <input type="text"/> Black <input type="text"/>             | <input type="text"/> White <input type="text"/>         | <input type="text"/> Colored <input type="text"/> | <input type="text"/> Other <input type="text"/>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### SECTION C

|                      |                                                                                                                                                                                         |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Identity Type        | <input type="text"/> Book of Life (ID) <input type="text"/>                                                                                                                             | <input type="text"/> Passport <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Identity Number      | <input type="text"/>                                                                                                                                                                    |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Passport Number      | <input type="text"/>                                                                                                                                                                    |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Passport Expiry Date | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### SECTION D

|                          |                                                   |                                                |                                                     |                                                 |  |  |  |  |  |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|---------------------------------------------------|------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|--|--|--|--|--|--|--|--|--|-----------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Preferred Language       | <input type="text"/> English <input type="text"/> | <input type="text"/> Zulu <input type="text"/> | <input type="text"/> Afrikaans <input type="text"/> | <input type="text"/> Other <input type="text"/> |  |  |  |  |  |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |  |  |  |  |
| Preferred Contact Method | <input type="text"/> Email <input type="text"/>   | <input type="text"/> Fax <input type="text"/>  | <input type="text"/> Phone <input type="text"/>     | <input type="text"/> Post <input type="text"/>  |  |  |  |  |  |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |  |  |  |  |
| Cellphone Number         | <input type="text"/>                              |                                                |                                                     |                                                 |  |  |  |  |  |  |  |  |  | Home Telephone Number | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |
| Fax                      | <input type="text"/>                              |                                                |                                                     |                                                 |  |  |  |  |  |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |  |  |  |  |
| Email                    | <input type="text"/>                              |                                                |                                                     |                                                 |  |  |  |  |  |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |  |  |  |  |



26 - 27 October 2026  
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## EXHIBITOR REGISTRATION FORM

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### SECTION E

| Address Type  | Residential Address (Physical) | Postal Address |
|---------------|--------------------------------|----------------|
| Address ID    |                                |                |
| Unit Number   |                                |                |
| Block Name    |                                |                |
| Complex Name  |                                |                |
| Street Number |                                |                |
| Street Name   |                                |                |
| Street Type   |                                |                |
| Suburb        |                                |                |
| City          |                                |                |
| Province      |                                |                |
| Country       |                                |                |
| Postal Area   |                                |                |
| Postal Code   |                                |                |

#### Business Address (if applicable)

|                |  |  |
|----------------|--|--|
| Box Number     |  |  |
| Postal Area    |  |  |
| Postal Code    |  |  |
| City           |  |  |
| Effective From |  |  |

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## EXHIBITOR REGISTRATION FORM

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### BENEFITS FOR PARTICIPATING IN THE EXHIBITION ARE:

- You will receive a 3m x 2m exhibition stand, trestle table, table cloth and two chairble cloth and two chairs.
- Networking opportunities with government departments, agencies and corporates.
- Admission to the reSURGEence International Conference Durban 2026.
- A great way to showcase your products and services to a target market.
- An opportunity to branch out to business-to-business trading and create a customer database from the visitors.

### DATES

**EXHIBITION DATES:** 26 – 27 October 2026  
**EXHIBITOR SETUP:** 25 October 2026  
**BREAKDOWN:** 27 October 2026, after 17h00  
**VENUE:** Durban Exhibition Centre

### PAYMENT

**BANK:** First National Bank (FNB)  
**BRANCH NAME:** Comm Account Services Cust  
**ACCOUNT NAME:** EThekwini Municipality Agents Services  
**ACCOUNT NUMBER:** 63165746331  
**BRANCH CODE:** 210554  
**ACCOUNT TYPE:** Public Sector Managed Account

### REGISTRATION AND PAYMENT DEADLINE: 31 AUGUST 2026

#### PLEASE NOTE:

- Please send the completed form and proof of payment to [Zamani.Shezi@durban.gov.za](mailto:Zamani.Shezi@durban.gov.za) to submit your application.
- After receiving the registration form and proof of payment, confirmation will be sent to you via email.
- If you decide to cancel your registration, no funds will be issued.

#### FOR ENQUIRIES:

**Zamani Shezi**, email [Zamani.Shezi@durban.gov.za](mailto:Zamani.Shezi@durban.gov.za) on 031 311 4500

### I/WE WISH TO REGISTER AS THE RESURGENCE CONFERENCE DURBAN EXHIBITOR

I/we wish to register as the reSURGEence Conference Durban Exhibitor as shown on this form. I/we have read and accept exhibitor terms detailed on this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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