

REGISTRATION FORM

Course: The Road to Registration for Candidates

Venue: East London - TBA

Date: 3rd Sep 2010

Time: 08:30 – 16:30



YOUR DETAILS

Title							
First Name			Surname				
Company			Division/Dept				
ID Number			ECSA Registration number				
VAT Number		Company Postal Address				Code	
Telephone No.		Cell No.					
Fax No.		E-mail					
Race Group <small>(statistical purposes)</small>		Asian	Coloured	Black	White		
Special Dietary Requirements							

FEES

SAICE Members: R1750, 00 (VAT included) Non-Members: R2100,00 (VAT included)

PAYMENT

I have deposited the amount of R_____ into SAICE's Account (details below)
 Deposit slips confirming payment must be faxed with your Registration Form to SAICE: (011) 805 5971. Please indicate clearly on the deposit slip for whom the booking/s is as well as the invoice number.

<u>Bank:</u> STANDARD BANK, Parktown	<u>Account Number:</u> 200 853 058
<u>Account Name:</u> SAICE	<u>Branch code:</u> 00 03 55

<p>SPECIAL CONDITIONS: PRE-PAYMENT is required</p> <p>CANCELLATION POLICY: The full fee is payable if cancelled in less than 5 working days prior to the event. Delegates registering after the cancellation date is liable for the full fee should they cancel. Please ensure that you receive a cancellation fax. Delegates booking and not attending will be liable for the full fees. Substitute delegates are welcome but names must be advised on a company/department letterhead. An administration fee of 10% is charged in the event of a cancellation.</p>	<p>ADMISSION CONDITIONS: No booking will be confirmed without proof of payment. The registration form and proof of payment must be sent via fax or email prior to attending the course. Please note: No delegates will be allowed to attend the event without proof of payment.</p> <p>SAICE reserves the right to cancel the course in the event of unforeseen circumstances.</p>
Name and Surname of person responsible for payment of account:	
Signature of person responsible for payment of account:	Date:
I am personally responsible for full payment of these fees in the event that my company/department does not pay them.	
Signature of delegate:	Date:
Enquiries can be made on Tel 011 805 5947/8 Fax 011 805 5971 email: dhermanus@saice.org.za	