

# REGISTRATION FORM

**Course:** CONTRACT ADMINISTRATION AND QUALITY CONTROL

**Venue:** Various (see below)

**Dates:**

- 3 – 5 May 2010 at SAICE Head Office, Midrand
- 17 – 19 May 2010: Cape Town (venue to be advised)
- 26 – 28 July 2010: Durban (venue to be advised)
- 23 – 25 August 2010 at SAICE Head Office, Midrand



**Time:** 08:30 – 16:30

|                                      |                        |       |       |          |       |                      |      |        |  |
|--------------------------------------|------------------------|-------|-------|----------|-------|----------------------|------|--------|--|
| <b>YOUR DETAILS</b>                  |                        |       |       |          |       |                      |      |        |  |
| Title                                |                        |       |       |          |       | Gender               | Male | Female |  |
| First Name                           |                        |       |       |          |       | Surname              |      |        |  |
| Company                              |                        |       |       |          |       | Division/Dept        |      |        |  |
| Age group                            | 20-25                  | 25-35 | 35-45 | 45-55    | 55-65 | ECSA Registration no |      |        |  |
| Race Group<br>(statistical purposes) | Asian                  |       |       | Coloured |       | Black                |      | White  |  |
| VAT Number                           | Company Postal Address |       |       |          |       |                      |      |        |  |
| Telephone No.                        |                        |       |       |          |       | Cell No.             |      |        |  |
| Fax No.                              |                        |       |       |          |       | E-mail               |      |        |  |
| Special Dietary Requirements         |                        |       |       |          |       |                      |      |        |  |

**FEES**

SAICE Members: R4750, 00 (VAT included) Non-Members: R5500,00 (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.

Deposit: STANDARD BANK, Parktown Account Name: SAICE Account Number: 200 853 058 Branch code: 00 03 55

**SPECIAL CONDITIONS:** PRE-PAYMENT is required

**CANCELLATION POLICY:** The full fee is payable if cancelled less than 5 working days prior to the event. Delegates registering after the cancellation date are also 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 fee. 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.

**ADMISSION CONDITIONS:** No booking will be confirmed without proof of payment. The registration form must be sent together with the proof of payment. Please note: No delegates will be allowed to the event without proof of payment.

SAICE reserves the right to cancel the course in the event of unforeseen circumstances

Name and Surname of person responsible for payment of Account:

Signature of person responsible for account:

Date:

Signature of delegate:

Date:

I am personally responsible for full payment of these fees in the event that my company/department does not pay them.

**Enquiries can be made on Tel 011 805 5947/8 Fax 011 805 5971 email: dhermanus@saice.org.za**