

**Booking will only be confirmed on receipt of your registration form and full payment**

**REGISTRATION IS OPEN ON SUNDAY 6 October 2019 (12:00 - 14:00)**

**A) DETAILS OF EMPLOYER / MUNICIPALITY and APPROVAL by OFFICER RESPONSIBLE FOR PAYMENT**

**Name of Employer / Municipality**

**Name of person responsible for payment**

Postal Address

Surname & Initials

Designation

Telephone No

Postal Code

Fax No

VAT Registration No.

E-Mail

I hereby acknowledge that I have read and understood the terms and conditions of registration:

Surname \_\_\_\_\_ & Initials \_\_\_\_\_ Designation \_\_\_\_\_

Signature \_\_\_\_\_

Registration Fees Payable

Early Bird 2018 Fee  
(Before 14/03/19)

2018 Fee  
(From 02/09/19)

**Earn 6 CPD Points for attendance**

**CIGFARO Members**

**R 6 599,00**

**R 6 828,00**

**Non-Members - Government**

**R 7 780,00**

**R 8 024,00**

**Non-Members - Private Sector**

**R 9 095,00**

**R 9 726,00**

**5% discount on registering more than 5 delegates and 10% discount on registering more than 10 delegates**

**B) DETAILS OF DELEGATES**

**Terms & Conditions**

<b>1</b>	Surname: _____ Caller Name: _____ ID NO.: _____ Designation: _____ Cell No: _____ E-Mail: _____	Pre-Conference attendance: <b>YES / NO</b> Gala Dinner attendance: <b>YES / NO</b> Dietary Requirement: _____	<b>PAYMENT OF THE CONFERENCE FEE INCLUDES:</b> <ul style="list-style-type: none"> <li>Attendance at the conference and entrance to exhibition;</li> <li>A conference bag with information;</li> <li>Refreshments and lunches at the conference venue;</li> <li>Participation at the conference welcoming function.</li> </ul> <b>CANCELLATION</b> <ul style="list-style-type: none"> <li>You may cancel without penalty if written cancellation requests are received up to and including 45 days prior to the start of the conference.</li> <li>Due to financial obligations incurred by the CIGFARO, a credit voucher less 50% of the registration fee will be issued for written requests received up to and including 21 days prior to the start of the conference.</li> <li>No refunds or credits will be issued on cancellation requests received less than 21 days prior to the start of the event.</li> <li>Substitution is permitted at any time provided the name changes are communicated to the organisers by fax or e-mail.</li> <li>In the event of unforeseen circumstances the organisers reserve the right to change the programme.</li> </ul> <b>Please Note:</b> While reasonable care will be made to protect delegates' personal information, some contact information 'may' be provided to Conference Exhibitors for purposes of promoting their products/services.
<b>2</b>	Surname: _____ Caller Name: _____ ID NO.: _____ Designation: _____ Cell No: _____ E-Mail: _____	Pre-Conference attendance: <b>YES / NO</b> Gala Dinner attendance: <b>YES / NO</b> Dietary Requirement: _____	
<b>3</b>	Surname: _____ Caller Name: _____ ID NO.: _____ Designation: _____ Cell No: _____ E-Mail: _____	Pre-Conference attendance: <b>YES / NO</b> Gala Dinner attendance: <b>YES / NO</b> Dietary Requirement: _____	

Banking details:

ABSA Bank, A/c 0170 167 376, Branch 632005  
 VAT Number: 4220122701/CSD Number MAAA0129791  
 \*all prices includes VAT

**Total Payment**

**R**

**Tax invoice**

Yes  
No

**For more information e-mail [conference@cigfaro.co.za](mailto:conference@cigfaro.co.za) or contact the office 011-394-0879**

Please quote Organisation or invoice number on deposit slips.

Kindly fax proof of payment to **086-659-1051** (alternatively 086-662-0969 or 086-605-4227)