REGISTRATION FORM



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

A) DETAILS OF EMPLOYER / MUNICIPALITY and APPROVAL by OFFICER RESPONSIBLE FOR PAYMENT				
Name of Employer / Municipality		Name of person responsible for payment		
			Surname & Initials	
	Postal Address	Des	Designation	
		Telephone No		
	Postal Code	Fax No		
	VAT Registration No.	<u>E-M</u>	ail	
	I hereby acknowledge that I have read	d and understood the terms and conditions of registration:		
	Surname & Initials Designation			
	Signature			CIGFARO is a SAQA
	Registration Fees Payable	Fee		Recognised
	CIGFARO Members	R 3 182,00		Professional Body -
	Non-Members	R 3 622		Earn 6 CPD points.
B)	DETAILS OF DELEGATES	Membership status	•	ns & Conditions
1				
	Surname:	0105400 Marris ar		
	Caller Name:	CIGFARO Member	PAYMENT OF THE (CONFERENCE FEE INCLUDES:
	ID NO.:	Non Mombo	 Attendance at the conference and entrance to exhibition; A conference bag with information; Refreshments and lunches at the conference venue; 	
	Designation: Cell No:	Non-Member		
	E-Mail:	Dietary Requirement:		
	E-ividii.		- Gala dinner fee	CAN
	Surname:		CELLATION	CAN
	Caller Name:	CIGFARO Member		hout penalty if written cancellation
	ID NO.:	Olor / tree Member	requests are received to the start of the con	d up to and including 45 days prior afterence.
2	Designation:	Non-Member	• 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.	
	Cell No:			
	E-Mail:	Dietary Requirement:		
				ts will be issued on cancellation ss than 21 days prior to the start of
	Surname:		the event.	* *
	Caller Name:	CIGFARO Member	· ·	nitted at any time provided the ommunicated to the organisers by
3	ID NO.:		fax or e-mail.	
	Designation:	Non-Member		reseen circumstances the ne right to change the programme.
	Cell No:	Dietary Requirement:	organisers reserve the right to change the programme.	
	E-Mail:	Biolary Roquitoment.		
	CIGFARO Banking details: ABSA Bank, A/c 0170 167 376, Branch 632005			t R
	CIGFARO VAT Number: 4220122701		Yes	
	*all prices includes VAT	Tax invoice	No	
				

For more information e-mail registration @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 086-605-4227/086 662 7996