

REGISTRATION FORM

2018 WOMEN IN THE PUBLIC SECTOR SEMINAR

1 - 2 MARCH - LIMPOPO



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

Postal Address

Postal Code

VAT Registration No.

Name of person responsible for payment

Surname & Initials

Designation

Telephone No

Fax 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 | Fee |
|---------------------------|------------|
| CIGFARO Members | R 3 182,00 |
| Non-Members | R 3 622,00 |

**CIGFARO is a SAQA
Recognised
Professional Body -
Earn 6 CPD points.**

B) DETAILS OF DELEGATES

| DETAILS OF DELEGATES | Membership status | Terms & Conditions |
|--|--|--|
| 1 Surname: _____ Caller Name: _____ ID NO.: _____ Designation: _____ Cell No: _____ E-Mail: _____ | CIGFARO Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Dietary Requirement: _____ | PAYMENT OF THE CONFERENCE FEE INCLUDES: - Attendance at the conference and entrance to exhibition; - A conference bag with information; - Refreshments and lunches at the conference venue; - Gala dinner fee CAN |
| 2 Surname: _____ Caller Name: _____ ID NO.: _____ Designation: _____ Cell No: _____ E-Mail: _____ | CIGFARO Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Dietary Requirement: _____ | |
| 3 Surname: _____ Caller Name: _____ ID NO.: _____ Designation: _____ Cell No: _____ E-Mail: _____ | CIGFARO Member <input type="checkbox"/> Non-Member <input type="checkbox"/> Dietary Requirement: _____ | |

CIGFARO Banking details:
 ABSA Bank, A/c 0170 167 376, Branch 632005
 CIGFARO VAT Number: 4220122701
 *all prices includes VAT

| | | | | | |
|----------------------|--|-----|--------------------------|----|--------------------------|
| Total Payment | R _____ | | | | |
| Tax invoice | <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td><input type="checkbox"/></td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> </tr> </table> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | | | | |
| No | <input type="checkbox"/> | | | | |

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**