

EXHIBITION REGISTRATION FORM



26 - 28 MARCH • CAPE TOWN

AUDIT&RISK
INDABA 2018

Date: _____

Please complete in block letters.

A) Information:

Company: _____
 Postal Address: _____

 Telephone number: _____
 Fax number: _____
 Company VAT number: _____
 Postal Code: _____
 E-mail: _____

B) Description

<input type="checkbox"/>	Platinum Package	@	R 75 000,00	=	R	_____
<input type="checkbox"/>	Diamond Package	@	R 45 000,00	=	R	_____
<input type="checkbox"/>	Gold Package	@	R 21 000,00	=	R	_____
<input type="checkbox"/>	Silver Package	@	R 12 800,00	=	R	_____
<input type="checkbox"/>	Standard Package	@	R 7 000,00	=	R	_____
TOTAL					R	_____

Please email completed form to exhibition@cigfaro.co.za or Fax to 086 602 5560