

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

Please complete the form in block letters

۱)	DETAILS OF EMPLOYER / MUNICIPALITY and A	PPROVAL BY OFF	ICE	R RESPONSIBLE FOR PATMENT
	Name of Employer / Municipality		Nar	me of person responsible for payment
			Sur	name & Initials
	Postal Address		Des	ignation
			Tele	ephone No
	Postal Code		Fax	No
	VAT Registration No.		E-M	lail
	I hereby acknowledge that I have read Surname & Init Signature			
	Registration Fees Payable			
	CIGFARO Members	R 3 000.00	C	SIGFARO is a SAQA Recognised Professional Body -
	Non-Member in Government	R 3 800.00		Earn 6 CPD points
B)	DETAILS OF DELEGATES	Membership stat	us	Terms & Conditions
	Surname:			PAYMENT OF THE WORKSHOP
1	Caller Name:	CIGFARO Member		INCLUDES:
	ID NO.:	CIGI AIXO Member		Attendance at the WORKSHOP and entrance to
	Designation:	Non-Member		exhibition; · Workshop bag with informatipon;
	Cell No:	Non Wember		Refreshments and lunches at the workshop;
	E-Mail:	Dietary Requirement:		<u>CANCELLATION</u>
	E Maii.			 You may cancel without penalty if written cancellation requests are received up to and including 45 days prior to
2	Surname:			the start of the workshop.
	Caller Name:	CIGFARO Member		 Due to financial obligations incurred by the CIGFARO, a credit voucher less 50% of the registration fee will be
	ID NO.:			issued for written requests received up to and including
	Designation:	Non-Member		21 days prior to the start of the workshop. · No refunds or credits will be issued on cancellation
	Cell No:			requests received less than 21 days prior to the start of
	E-Mail:	Dietary Requirement:		the event.
				· Substitution is permitted at any time provided the name changes are communicated to the organisers by fax or e-
3	Surname:			mail.
	Caller Name:	CIGFARO Member		 In the event of unforeseen circumstances the organisers reserve the right to change the programme.
	ID NO.:			
	Designation:	Non-Member		
	Cell No:	Dietary Requirement:		
	E-Mail:	Dietary Requirement.		
	CIGFARO Banking details: ABSA Bank, A/c 0170 167 376, Branch 632	2005		Total Payment R
	VAT Number: 4220122701 *all prices include VAT			Tax invoice Yes 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** (alternatively 086-662-0969)