



IMFO Gauteng Post Elections Seminar & AGM Breakfast Seminar 2016



PLEASE COMPLETE THE FORM IN BLOCK LETTERS
AND return it to branch@imfo.co.za or fax 086 150 2673

REGISTRATION FORM

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	
IMFO Members	R150.00 Only!
Non-members	R200.00 Only!
Students	R100.00 Only!

**NB: Fees should be paid in
advance of attendance**

Date: 22-Sep-16

Time: 9:00

Venue: TUT- Pretoria West: Prestige Auditorium

NB: Closing Date - Monday, 20, Sep, 2016

B) DETAILS OF DELEGATES		Required Information	Terms of Reference
1	Surname: _____	Fee	PAYMENT OF THE EVENT FEE INCLUDES: · Attendance at the event; · Refreshments and lunches at the venue; CANCELLATION · You may cancel without penalty if written cancellation requests are received up to and including 10 days prior to the start of the event. · Due to financial obligations incurred by the IMFO, a credit voucher less 50% of the registration fee will be issued for written requests received up to and including 7 days prior to the start of the event. · No refunds or credits will be issued on cancellation requests received less than 7 days prior to the start of the event. · Substitution is permitted at any time provided the name changes are communicated to the organisers by fax or e-mail. · In the event of unforeseen circumstances the organisers reserve the right to change the programme. Please Note: While reasonable care will be made to protect delegates' personal information, some contact information 'may' be provided to Exhibitors for purposes of promoting their products/services.
	Name: _____	R _____	
	ID NO.: _____	Member/Non-member	
	Designation: _____	Dietary Requirement:	
	Cell No: _____		
	E-Mail: _____		
2	Surname: _____	Fee	
	Name: _____	R _____	
	ID NO.: _____	Member/Non-member	
	Designation: _____	Dietary Requirement:	
	Cell No: _____		
	E-Mail: _____		

Total Payment

R

Tax invoice

Yes
No

IMFO Banking details: ABSA Bank, Branch 632005, A/c 0170 167 376
IMFO VAT Number: 4220122701

Please quote the name of the organisation on deposit slip and fax proof of payment to 086-662-0969

