

MASTER CLASS REVENUE MANAGEMENT WORKSHOP

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

Please complete the form in block letters

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

CIGFARO Members	R 950.00	CIGFARO is a SAQA Recognised Professional Body Earn 6 CPD points
Non-Member - Government	R 1 450.00	

B) DETAILS OF DELEGATES **Membership status** **Terms & Conditions**

	DETAILS OF DELEGATES	Membership status	Terms & Conditions
1	Surname: _____ Caller Name: _____ ID NO.: _____ Designation: _____ Cell No: _____ E-Mail: _____	CIGFARO Member _____ Non-Member _____ PROVINCE / VENUE Dietary Requirement: _____ Halaal / NONE / Vegetarian	<p><u>PAYMENT OF THE WORKSHOP INCLUDES:</u></p> <ul style="list-style-type: none"> · Attendance of the workshop; · Refreshments and lunches at the workshop <p><u>CANCELLATION</u></p> <ul style="list-style-type: none"> · You may cancel without penalty if written cancellation request is received 5 days prior to the start of the workshop. · No refunds or credits will be issued on cancellation request, however substitution is permitted 3 days prior to the workshop provided the name changes are communicated to the office by email.
2	Surname: _____ Caller Name: _____ ID NO.: _____ Designation: _____ Cell No: _____ E-Mail: _____	CIGFARO Member _____ Non-Member _____ PROVINCE / VENUE Dietary Requirement: _____ Halaal / NONE / Vegetarian	
3	Surname: _____ Caller Name: _____ ID NO.: _____ Designation: _____ Cell No: _____ E-Mail: _____	CIGFARO Member _____ Non-Member _____ PROVINCE / VENUE Dietary Requirement: _____ Halaal / NONE / Vegetarian	

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

Total Payment	R
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Tax invoice	Yes
	No

For more information e-mail getrude@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)**