



## 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 (Cost covered by GPT)

*CIGFARO Members*

*Non-Members - Government*

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

B)	DETAILS OF DELEGATES	Membership status	Terms & Conditions
1	Surname:	CIGFARO Member	<b>PAYMENT OF THE WORKSHOP INCLUDES:</b> · Attendance of the workshop; · Refreshments and lunches at the workshop <b>CANCELLATION:</b> · You may cancel without penalty if written cancellation request is received 5 days prior to the start of the training. · No refunds or credits will be issued on cancellation request, however substitution is permitted 3 days prior to the training provided the name changes are communicated to the office by email. <b>DATES:</b> 25 - 26 March 2019 - Gauteng 27 - 28 March 2019 - Gauteng
	Caller Name:	Non-Member	
	ID NO.:	<b>DATES</b>	
	Designation:		
	Cell No:	Dietary Requirement:	
	E-Mail:	<b>Halaal / NONE / Vegetarian</b>	
2	Surname:	CIGFARO Member	
	Caller Name:	Non-Member	
	ID NO.:	<b>DATES</b>	
	Designation:		
	Cell No:	Dietary Requirement:	
	E-Mail:	<b>Halaal / NONE / Vegetarian</b>	
3	Surname:	CIGFARO Member	
	Caller Name:	Non-Member	
	ID NO.:	<b>DATES</b>	
	Designation:		
	Cell No:	Dietary Requirement:	
	E-Mail:	<b>Halaal / NONE / Vegetarian</b>	

**CIGFARO Banking details:**

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

**Total Payment**

R

**Tax invoice**

Yes  
No

**For more information e-mail [getrude@cigfaro.co.za](mailto: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)