

CIGFARO CONFERENCE REGISTRATION FORM



THEME
9-11 October 2017
Cape Town ICC

Please complete the form in block letters.

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

REGISTRATION IS OPEN ON SUNDAY 8 October 2017 (14:00 - 20:00)

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 _____

**Earn 6 CPD Points
for attendance**

Registration Fees Payable	Early Bird Fee (Before 31/08/17)	Fee (From 01/09/17)
CIGFARO Members	R 6 599.00	R 6 828.00
Non-Members - Government	R 7 270.00	R 7 499.00
Non-Members - Private Sector	R 8 500.00	R 9 090.00

**Registrations closes
Wednesday, 4 Oct 2017**

5% discount on registering more than 5 delegates and 10% discount on registering more than 10 delegates

B) DETAILS OF DELEGATES

PRICE

Terms & Conditions

1	Surname:	R _____ Gala Dinner attendance: YES/NO Dietary Requirement:	PAYMENT OF THE CONFERENCE FEE INCLUDES: • Attendance at the conference and entrance to exhibition; • A conference bag with information; • Refreshments and lunches at the conference venue; • Participation at the conference welcoming function. CANCELLATION • You may cancel without penalty if written cancellation requests are received up to and including 45 days prior to the start of the conference. • Due to financial obligations incurred by the CIGFARO, a credit voucher less 50% of the registration fee will be issued for written requests received up to and including 21 days prior to the start of the conference. • No refunds or credits will be issued on cancellation requests received less than 21 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 Conference Exhibitors for purposes of promoting their products/services.
	Caller Name:		
	ID NO.:		
	Designation:		
	Cell No:		
	E-Mail:		
2	Surname:	R _____ Gala Dinner attendance: YES/NO Dietary Requirement:	
	Caller Name:		
	ID NO.:		
	Designation:		
	Cell No:		
	E-Mail:		
3	Surname:	R _____ Gala Dinner attendance: YES/NO Dietary Requirement:	
	Caller Name:		
	ID NO.:		
	Designation:		
	Cell No:		
	E-Mail:		

Banking details:

ABSA Bank, A/c 0170 167 376, Branch 632005
 VAT Number: 4220122701/CSD Number MAAA0129791
 *all prices includes VAT

Total Payment

R

Tax invoice

Yes
No

For more information e-mail conference@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 **086-659-1051** (alternatively 086-662-0969 or 086-605-4227)