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

REGISTRATION IS OPEN ON SUNDAY & October 2019 [12:00 - 14:00]							
A) DETAILS OF EMPLOYER / MUNICIPALITY and APPROVAL by OFFICER RESPONSIBLE FOR PAYMENT							
	Name of Employer / Mun	Name of person responsible for payment					
		-	Surname & Initials				
	Postal Address	-	Designation				
		Telephone No					
	Postal Code	Fax No					
	VAT Registration No.	E-Mail ad and understood the terms and conditions of registration:					
	-		_				
	Surname 8		x miniais Designatio		лі		
	Signature			EARN 6 CPD POINTS FOR ATTENDANCE			
	Registration Fees Payable			Conference AND Pre- Conference (SCM OR Revenue Master class) (Before 31/07/19)		.Y )	Conference AND Pre- Conference (SCM OR Revenue Master class) (From 01/08/19)
	CIGFARO Members	R 6 599.00	R 6 999.00		R 6 828.00		R 7 228.00
	Non-Members - Government	R 7 780.00	R 8 280.00		R 8 024.00		R 8 524.00
	Non-Members - Private Sector	R 9 095.00	R 9 595.00		R 9 726.00		R 10 226.00
	Students R 1 200.00		R 1 400.00		R 1 450.00		R 1 650.00
	5% discount on regis	delegates and 7% disco		unt on registering more than 15 delegates			
B)	DETAILS OF DELEGA				Terms & Conditions		
	Surname:		Pre-Conference attendance:		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		
	Caller Name:		YES / NO				
	ID NO.:		Gala Dinner attendance:				
1	Designation:		YES / NO				
	Cell No:		Dietary Requirement:				
	E-Mail:						
					You may cancel without penalty if written cancellation requests are received up to and including 45 days prior		
	Surname:		Pre-Conference attendance:  YES / NO  Gala Dinner attendance:		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 email.  • 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:						
2	ID NO.:						
	Designation:		YES / NO				
	Cell No:		Dietary Requirement:				
	E-Mail:						
	Surname:		Pre-Conference attendance: YES / NO Gala Dinner attendance: YES / NO				
	Caller Name:						
3	ID NO.:						
ľ	Designation:						
	Cell No:		Dietary Requirement:				
	E-Mail:						
		anking details: 0170 167 376, Branch 6	32005		Total Payment		R
		2701/CSD Number MAA			Tax invoice	Yes	
	*all pi			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.