



MPUMALANGA BRANCH

PLEASE COMPLETE THE FORM IN BLOCK LETTERS
AND return it to CPD@CIGFARO.co.za or fax 086 662 0969



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	
CIGFARO Members	R 2 215.00
Non-members	R 2 715.00
Private Sector	R 3 215.00

NB: Fees should be paid in advance of attendance

Date: 4-5 August 2022

Time: 8:00

Venue: Ingwenyama Conference, White River

NB: Closing Date - (Tuesday - 2 August 2022)

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 14 days prior to the start of the event. · 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 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: _____		

CIGFARO Banking details:
ABSA Bank, Branch 632005, A/c 0170 167 376
CIGFARO VAT Number: 4220122701
CSD Supplier Number: MAAA0129791

Total Payment R _____

Tax invoice Yes _____
No _____

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