



# Eastern Cape Branch Seminar

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 _____	Name of person responsible for payment _____
Postal Address _____	Surname & Initials _____
Postal Code _____	Designation _____
VAT Registration No. _____	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 3 000.00
Non-members	R 3 500.00
Private Sector	R 4 000.00

**NB: Fees should be paid in advance of attendance**

**Date:** 20-21 February 2023  
**Time:** 08:00  
**Venue:** Port Alfred

### NB: Closing Date - (Wednesday - 15 February 2023)

### B) DETAILS OF DELEGATES Required Information Terms of Reference

DETAILS OF DELEGATES	Required Information	Terms of Reference
<b>1</b> Surname: _____ Name: _____ ID NO.: _____ Designation: _____ Cell No: _____ E-Mail: _____	Fee R _____  Member/Non-member  Dietary Requirement: _____	PAYMENT OF THE EVENT FEE INCLUDES: · Attendance at the event; · Refreshments and lunches at the venue; <b>CANCELLATION</b> · 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.
<b>2</b> Surname: _____ Name: _____ ID NO.: _____ Designation: _____ Cell No: _____ E-Mail: _____	Fee R _____  Member/Non-member  Dietary Requirement: _____	

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