



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

| | |
|--|---|
| <u>Name of Employer / Municipality</u> | <u>Name of person responsible for payment</u> |
| _____ | Surname & Initials _____ |
| Postal Address _____ | Designation _____ |
| _____ | Telephone No _____ |
| Postal Code _____ | Fax No _____ |
| VAT Registration 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: 15-16 May 2023
Time: 08:00
Venue: Port Alfred

NB: Closing Date - (Wednesday - 10 May 2023)

B) DETAILS OF DELEGATES Required Information Terms of Reference

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|-------------------------|---|---|--|
| 1 | 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; 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. |
| | 2 | Surname: _____ Name: _____ ID NO.: _____ Designation: _____ 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