



# IT Governance & Cyber Security CONFERENCE

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 3 433,50
Non-members	R 3 938,50
Private Sector	R4 935.50

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

**Date:** 1-2 June 2023  
**Time:** 08:00  
**Venue:** Cape Sun Hotel, Cape Town

**NB: Closing Date - (29 May 2023)**

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

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	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: _____			

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