



GRAP STANDARDS

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> _____ Postal Address _____ _____ Postal Code _____ VAT Registration No. _____	<u>Name of person responsible for payment</u> Surname & Initials _____ Designation _____ Telephone No _____ Fax No _____ E-Mail _____
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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 2 500,00
Non-members	R 2 500,00
Private Sector	R 2 500,00

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: _____ 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.
	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