



MPUMALANGA BRANCH YOUNG PROFESSIONALS 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		
	Early Bird Fee (Before 9 June 2023)	After 9 June 2023
CIGFARO Members	R 2 200,00	R 2 400,00
Non-members	R 2 400,00	R 2 600,00

NB: Fees should be paid in advance of attendance

Date: 14 June 2023
Time: 08:00
Venue: Loskop Dam Aventura

NB: Closing Date - (Monday - 12 June 2023)

B) DETAILS OF DELEGATES Required Information Terms of Reference

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.
	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