



mSCOA Fundamentals Training Module 1, 2 and 3



Booking will only be confirmed on receipt of your registration form and full payment

Please complete the form in block letters

A) DETAILS OF EMPLOYER / MUNICIPALITY and APPROVAL by OFFICER RESPONSIBLE FOR PAYMENT

Name of Employer / Municipality

Postal Address _____

 Postal Code _____
 VAT Registration No. _____

Name of person responsible for payment

Surname & Initials _____
 Designation _____
 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			
	M1/2 2-days	M3 3-days	M1/2/3 5-days
<i>CIGFARO Members</i>	R 5 434,00	R 6 576,00	R 8 803,00
<i>Non-Members in Government</i>	R 6 134,00	R 7 276,00	R 9 503,00
<i>Private Organisations</i>	R 6 834,00	R 7 976,00	R 10 203,00

**CIGFARO is a
SAQA Recognised Professional Body
Earn up to 20 CPD points**

B) DETAILS OF DELEGATES **Membership status** **Terms & Conditions**

	Venue:	Membership status	Terms & Conditions	
1	Surname:	CIGFARO Member <input type="checkbox"/>	<p>PAYMENT OF THE TRAINING INCLUDES:</p> <ul style="list-style-type: none"> · Attendance at the training; · Training bag with information; · Refreshments and lunches at the training venue; <p>CANCELLATION</p> <ul style="list-style-type: none"> · You may cancel without penalty if written cancellation request is received 15 days prior to the start of the training. · No refunds or credits will be issued on cancellation request, however substitution is permitted 3 days prior to the training provided the name changes are communicated to the office by email. 	
	Caller Name:			Bloemfontein
	ID NO.:	Durban		
	Designation:	Polokwane		Non-Member <input type="checkbox"/>
	Cell No:	Cape Town		Dietary Requirement: _____
	E-Mail:	Rustenburg		
		Witbank		
	Port Elizabeth			
2	Surname:	CIGFARO Member <input type="checkbox"/>		
	Caller Name:			Bloemfontein
	ID NO.:	Durban		
	Designation:	Polokwane		Non-Member <input type="checkbox"/>
	Cell No:	Cape Town		Dietary Requirement: _____
	E-Mail:	Rustenburg		
		Witbank		
	Port Elizabeth			

CIGFARO Banking details:
 ABSA Bank, A/c 0170 167 376, Branch 632005
 VAT Number: 4220122701
 *all prices include VAT

Total Payment	R				
Tax invoice	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;"></td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes					
No					

For more information e-mail ceo@cigfaro.co.za or contact the office 011-394-0879

Please quote Organisation or invoice number on deposit slips.
 Kindly send proof of payment to ceo@cigfaro.co.za