



CIGFARO

Chartered Institute of
Government Finance, Audit & Risk Officers

EXHIBITOR REGISTRATION FORM

Public Sector Finance Seminar 2026

07-08 JULY 2026 AT THE CAPE SUN, WESTERN CAPE

Please complete the form in block letters.

A) COMPANY DETAILS

Name of Company

Postal Address _____

Postal Code _____

VAT Registration No. _____

Kindly take note:

**Additional Delegates will be charged at the following rate:
R7 500,00 including VAT.**

B) DETAILS OF EXHIBITORS

1	Surname: _____	Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> None <input type="checkbox"/>
	Name: _____	
	Designation: _____	
	Cell No: _____	
	E-Mail: _____	
	Stand Rep: <input type="checkbox"/>	
Delegate: <input type="checkbox"/>		
2	Surname: _____	Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> None <input type="checkbox"/>
	Caller Name: _____	
	Designation: _____	
	Cell No: _____	
	E-Mail: _____	
	Stand Rep: <input type="checkbox"/>	
Delegate: <input type="checkbox"/>		
3	Surname: _____	Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> None <input type="checkbox"/>
	Caller Name: _____	
	Designation: _____	
	Cell No: _____	
	E-Mail: _____	
	Stand Rep: <input type="checkbox"/>	
Delegate: <input type="checkbox"/>		
4	Surname: _____	Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> None <input type="checkbox"/>
	Caller Name: _____	
	Designation: _____	
	Cell No: _____	
	E-Mail: _____	
	Stand Rep: <input type="checkbox"/>	
Delegate: <input type="checkbox"/>		
5	Surname: _____	Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> None <input type="checkbox"/>
	Caller Name: _____	
	Designation: _____	
	Cell No: _____	
	E-Mail: _____	
	Stand Rep: <input type="checkbox"/>	
Delegate: <input type="checkbox"/>		

Please forward completed forms to nadeera@cigfaro.co.za