



# PSF Seminar

7-8 July 2026

Cape Town - Cape Sun Hotel

Please complete the form in block letters.

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

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

Name of Employer / Municipality

Name of person responsible for payment

Postal Address

Surname & Initials

Designation

Postal Code

Telephone No

VAT Registration No.

Fax No

E-Mail

I hereby acknowledge that I have read and understood the terms and conditions of registration:

Surname \_\_\_\_\_ & Initials \_\_\_\_\_ Designation \_\_\_\_\_

Signature \_\_\_\_\_

**Earn 10 CPD Points for attendance**

Registration Fees Payable

Attendance Fee

**CIGFARO Members**

**R 5 258,00**

**Non-Members - Government**

**R 6 171,00**

**Non-Members - Private Sector**

**R 7 697,00**

Registrations closes Friday, 3 July 2026

*10% discount on registering 5-9 delegates and 15% discount on registering 10 and more delegates*

**B) DETAILS OF DELEGATES**

**Terms & Conditions**

**1**

Surname: \_\_\_\_\_

Caller Name: \_\_\_\_\_

ID NO.: \_\_\_\_\_

Designation: \_\_\_\_\_

Cell No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dietary Requirement: \_\_\_\_\_

**2**

Surname: \_\_\_\_\_

Caller Name: \_\_\_\_\_

ID NO.: \_\_\_\_\_

Designation: \_\_\_\_\_

Cell No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dietary Requirement: \_\_\_\_\_

**3**

Surname: \_\_\_\_\_

Caller Name: \_\_\_\_\_

ID NO.: \_\_\_\_\_

Designation: \_\_\_\_\_

Cell No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dietary Requirement: \_\_\_\_\_

**PAYMENT OF THE CONFERENCE FEE INCLUDES:**

- Attendance at the conference and entrance to exhibition;
- A conference bag with information;
- Refreshments and lunches at the conference venue;

**CANCELLATION**

- You may cancel without penalty if written cancellation requests are received up to and including 45 days prior to the start of the conference.
- 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 21 days prior to the start of the conference.
- No refunds or credits will be issued on cancellation requests received less than 21 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 Conference Exhibitors for purposes of promoting their products/services.

Banking details:

Bank, A/c 0170 167 376, Branch 632005  
 VAT Number: 4220122701/CSD Number MAAA0129791  
 \*all prices includes VAT

ABSA

Total Payment

R

Tax invoice

Yes  
No

**For more information e-mail [ceo@cigfaro.co.za](mailto:ceo@cigfaro.co.za) or contact the office 011-394-0879**

Please quote Organisation or invoice number on deposit slips.

Kindly email proof of payment to [ceo@cigfaro.co.za](mailto:ceo@cigfaro.co.za)