

REGISTRATION FORM

Course: The Road to Registration for Supervisors/Coaches, Mentors and HR

Venue: SAICE House, Bekker Street, Block 19 Thornhill Office Park; Midrand

Date: 5th Aug 2010

Time: 08:30 – 16:30



YOUR DETAILS

Title							
First Name			Surname				
Company			Division/Dept				
ID Number			ECSA Registration number				
VAT Number		Company Postal Address				Code	
Telephone No.		Cell No.		E-mail			
Fax No.							
Race Group <small>(statistical purposes)</small>		Asian	Coloured	Black	White		
Special Dietary Requirements							

FEES

SAICE Members: R1750, 00 (VAT included) Non-Members: R2100,00 (VAT included)

PAYMENT

I have deposited the amount of R _____ into SAICE's Account (details below)
Deposit slips confirming payment must be faxed with your Registration Form to SAICE: (011) 805 5971. Please indicate clearly on the deposit slip for whom the booking/s is as well as the invoice number.

Bank: STANDARD BANK, Parktown	Account Number: 200 853 058
Account Name: SAICE	Branch code: 00 03 55

SPECIAL CONDITIONS: PRE-PAYMENT is required

CANCELLATION POLICY: The full fee is payable if cancelled in less than 5 working days prior to the event. Delegates registering after the cancellation date is liable for the full fee should they cancel. Please ensure that you receive a cancellation fax. Delegates booking and not attending will be liable for the full fees. Substitute delegates are welcome but names must be advised on a company/department letterhead. An administration fee of 10% is charged in the event of a cancellation.

ADMISSION CONDITIONS: No booking will be confirmed without proof of payment. The registration form and proof of payment must be sent via fax or email prior to attending the course. Please note: No delegates will be allowed to attend the event without proof of payment.

SAICE reserves the right to cancel the course in the event of unforeseen circumstances.

Name and Surname of person responsible for payment of account:			
Signature of person responsible for payment of account:		Date:	
I am personally responsible for full payment of these fees in the event that my company/department does not pay them.			
Signature of delegate:		Date:	

Enquiries can be made on Tel 011 805 5947/8 Fax 011 805 5971 email: dhermanus@saice.org.za