


# AARTO LEGISLATION WORKSHOPS 2019

(presented by Alta Swanepoel & Associates CC)

 <p><b>HOW DO I BOOK?</b> Fax or e-mail your <b>detailed completed registration form</b> to: <a href="mailto:admin@altaswanepoel.co.za">admin@altaswanepoel.co.za</a> Fax: 086 672 0469</p> <p>We are an ECSA CPD member: SARF17/ASA01/20</p>	<p><b>INDICATE PLACE/DATE ON WHICH YOU WILL ATTEND</b></p> <table> <tr><td>15 Oct 2019</td><td>Stellenbosch (Protea Hotel, TechnoPark)</td><td><input type="checkbox"/></td></tr> <tr><td>16 Oct 2019</td><td>Port Elizabeth (Protea Hotel, Marine)</td><td><input type="checkbox"/></td></tr> <tr><td>17 Oct 2019</td><td>Durban (Protea Hotel, Edward)</td><td><input type="checkbox"/></td></tr> <tr><td>22 Oct 2019</td><td>Pretoria (22 Oct – Fully booked)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>25 Oct 2019</td><td>Pretoria (Protea Hotel, Centurion)</td><td><input type="checkbox"/></td></tr> <tr><td>24 Oct 2019</td><td>Bloemfontein (Protea H, Willow Lake)</td><td><input type="checkbox"/></td></tr> <tr><td>29 Oct 2019</td><td>Mbombela (Protea H, Nelspruit)</td><td><input type="checkbox"/></td></tr> <tr><td>6 Nov 2019</td><td>Polokwane (Protea Hotel, Ranch Res)</td><td><input type="checkbox"/></td></tr> <tr><td>12 Nov 2019</td><td>Upington (Naba Lodge)</td><td><input type="checkbox"/></td></tr> </table>			15 Oct 2019	Stellenbosch (Protea Hotel, TechnoPark)	<input type="checkbox"/>	16 Oct 2019	Port Elizabeth (Protea Hotel, Marine)	<input type="checkbox"/>	17 Oct 2019	Durban (Protea Hotel, Edward)	<input type="checkbox"/>	22 Oct 2019	Pretoria (22 Oct – Fully booked)	<input checked="" type="checkbox"/>	25 Oct 2019	Pretoria (Protea Hotel, Centurion)	<input type="checkbox"/>	24 Oct 2019	Bloemfontein (Protea H, Willow Lake)	<input type="checkbox"/>	29 Oct 2019	Mbombela (Protea H, Nelspruit)	<input type="checkbox"/>	6 Nov 2019	Polokwane (Protea Hotel, Ranch Res)	<input type="checkbox"/>	12 Nov 2019	Upington (Naba Lodge)	<input type="checkbox"/>
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<p><b>REGISTRATION FEE</b> (Vat included) (also includes workshop documentation, refreshments &amp; lunch)</p>	<p><b>PAYMENT</b> (See terms and conditions) * Indicate invoice no. when you make payment * Email proof of payment</p>	<p><b>NUMBER OF DELEGATES</b></p>	<p><b>Registration Fee (VAT included)</b>  R2 500 per person</p>																											

## DELEGATE INFORMATION: (MUST BE COMPLETED IN FULL)

Initials: \_\_\_\_\_ Surname \_\_\_\_\_ E-Mail \_\_\_\_\_  
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Person responsible for booking: \_\_\_\_\_ e-mail: \_\_\_\_\_

Full Company Name (no abbreviations) \_\_\_\_\_

Postal Address (in full) \_\_\_\_\_ Code \_\_\_\_\_

Telephone no. (incl. Area code) \_\_\_\_\_

Authorised Company Order Number (Compulsory) \_\_\_\_\_ Company Vat No (NB) \_\_\_\_\_

## ACCOUNTS DEPARTMENT INFORMATION: (MUST BE COMPLETED IN FULL)

Person responsible for accounts: \_\_\_\_\_

Telephone no: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **TERMS AND CONDITIONS**

- REGISTRATION** You are considered registered with issuance of a pro-forma and/or tax invoice where after your organisation will be held liable for payment of the amount.
- PAYMENT** A company order number must be provided with registration and payment must be made in full by the specified date indicated on the invoice. Proof of payment must be faxed or e-mailed to this office using the invoice number as a reference.
- CANCELLATION** Only cancellations received in writing up to 10 days before the date of the workshop will be accepted. After that, full payment is required. A cancellation fee will be payable if a delegate cancels after ten days before the workshop. If the registered delegate is not able to attend, another person from your organisation is allowed to attend on behalf of the registered delegate (please inform this office).
- BANK DETAILS** Bank details are on the tax invoice.

### APPROVAL BY AUTHORISED MANAGER: (registration form will only be accepted if authorised)

I hereby acknowledge that I have read and understood all the terms and conditions of registration, and have the authority to approve the registration

Full Name of Authorised Manager: \_\_\_\_\_ Designation: \_\_\_\_\_

Telephone no. (Incl. Area Code) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_