



ANNUAL ROAD TRANSPORT LEGISLATION WORKSHOP 2022

WEBINAR (presented by Alta Swanepoel and Associates CC)

<p>HOW DO I BOOK?</p> <p>Fax or e-mail your detailed completed and authorised registration form to: admin@altaswanepoel.co.za</p> <p>We are an ECSA CPD member: SARF17/ASA01/20</p>	<p>WEBINAR (21 June 2022)</p> <p>7-June-2022 Stellenbosch (Protea Hotel, TechnoPark) 9-June-2022 Durban (Garden Court, Marine Parade) 14-June-2022 Pretoria (CSIR) 21 June 2022 Webinar (with ebooks)</p>	<table border="1" style="margin: auto;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px; text-align: center;">X</td></tr> </table>				X
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Note: Group booking fee only applicable for group bookings if made by central office via one registration form and payment made via one invoice with specific contact person.

REGISTRATION FEE <i>(Vat included)</i> (also includes workshop documentation, refreshments & lunch)	PAYMENT <i>(See terms and conditions)</i> * Indicate invoice no. as reference when you make payment * Email proof of payment	DELEGATES	Registration Fee (VAT included)	Please tick ✓
		1 – 2	R3 400 per person	
		3 – 9	R3 100 per person	
		10+	R2 500 per person	

DELEGATE INFORMATION: (MUST BE COMPLETED IN FULL)

Initials: _____ Surname _____ E-Mail _____

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Initials: _____ Surname _____ E-Mail _____

Initials: _____ Surname _____ E-Mail _____

Initials: _____ Surname _____ E-Mail _____

The documentation is in electronic form and we will email it to the above email addresses.

Person responsible for booking: _____ e-mail: _____

Full Company Name (no abbreviations) _____

Postal Address (in full) _____ Code _____

Telephone no. (incl. Area code) _____ Fax _____

Authorised Company Order Number (If available) _____ **Company Vat No (NB)** _____

ACCOUNTS DEPARTMENT INFORMATION: (MUST BE COMPLETED IN FULL)

Person **responsible** for accounts: _____ fax: _____

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. Please note: **Registrations close one week before the workshop.**
- PAYMENT** A **company order number must be provided with registration and/or 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 reference.**
- CANCELLATION** **Only cancellations received in writing up to 10 days before the date of the workshop** will be accepted. Thereafter full payment is required. A cancellation fee will be payable if a delegate cancels after 10 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 will be displayed on the tax invoice.

APPROVAL BY AUTHORISED MANAGER: (if necessary)

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: _____