



# ANNUAL ROAD TRANSPORT LEGISLATION WORKSHOP 2021

(presented by Alta Swanepoel and Associates CC)

<p><b>HOW DO I BOOK?</b>          Fax or e-mail your <b>detailed completed</b> and <b>authorised registration form</b> to:  <a href="mailto:admin@altaswanepoel.co.za">admin@altaswanepoel.co.za</a></p> <p style="color: red;">We are an ECSA CPD member: SARF17/ASA01/20</p>	<p><b>INDICATE PLACE/DATE ON WHICH YOU WILL ATTEND</b></p> <table style="width: 100%;"> <tr> <td style="width: 30%;">25 May 2021</td> <td style="width: 40%;">Stellenbosch (Protea Hotel, TechnoPark)</td> <td style="width: 30%;"><input type="checkbox"/></td> </tr> <tr> <td>27 May 2021</td> <td>Durban (Garden Court, Marine Parade)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>10 June 2021</td> <td>Pretoria (CSIR)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>22 June 2021</td> <td>Webinar (ebooks)</td> <td><input type="checkbox"/></td> </tr> </table>	25 May 2021	Stellenbosch (Protea Hotel, TechnoPark)	<input type="checkbox"/>	27 May 2021	Durban (Garden Court, Marine Parade)	<input type="checkbox"/>	10 June 2021	Pretoria (CSIR)	<input type="checkbox"/>	22 June 2021	Webinar (ebooks)	<input type="checkbox"/>
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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 <b>(VAT included)</b>	Please tick ✓
		1 – 2	R3 400 per person	<input type="checkbox"/>
		3 – 9	R3 250 per person	<input type="checkbox"/>
		10+	R3 000 per person	<input type="checkbox"/>

**If you are not attending the workshop but wish to purchase the workshop documentation you can do so at a cost of:** R1000 for a full set *(Vat included) (USB version or hard copy)*

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

Please Choose\*

Initials: _____	Surname _____	E-Mail _____	<input type="checkbox"/>	<input type="checkbox"/>
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Initials: _____	Surname _____	E-Mail _____	<input type="checkbox"/>	<input type="checkbox"/>

\* The documentation is available in electronic form (USB) **OR** hard copy (book). To receive both, the cost is R450 extra.

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: (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: \_\_\_\_\_