


AARTO LEGISLATION WORKSHOPS 2019

(presented by Alta Swanepoel & Associates CC)

 <p>HOW DO I BOOK? Fax or e-mail your detailed completed registration form to: admin@altaswanepoel.co.za Fax: 086 672 0469</p> <p>We are an ECSA CPD member: SARF17/ASA01/20</p>	<p>INDICATE PLACE/DATE ON WHICH YOU WILL ATTEND</p> <p>15 Oct 2019 Stellenbosch (Protea Hotel, TechnoPark) <input type="checkbox"/></p> <p>16 Oct 2019 Port Elizabeth (Protea Hotel, Marine) <input type="checkbox"/></p> <p>17 Oct 2019 Durban (Protea Hotel, Edward) <input type="checkbox"/></p> <p>22 Oct 2019 Pretoria (Protea Hotel, Centurion) <input type="checkbox"/></p> <p>24 Oct 2019 Bloemfontein (Protea H, Willow Lake) <input type="checkbox"/></p> <p>29 Oct 2019 Mbombela (Protea H, Nelspruit) <input type="checkbox"/></p> <p><i>Please indicate if you prefer one of the following venues:</i></p> <p>Polokwane <input type="checkbox"/></p> <p>Upington <input type="checkbox"/></p> <p>Mahikeng <input type="checkbox"/></p> <p><i>Date to be confirmed if sufficient delegates are interested</i></p>		
	<p>REGISTRATION FEE (Vat included) (also includes workshop documentation, refreshments & lunch)</p>	<p>PAYMENT (See terms and conditions) * Indicate invoice no. when you make payment * Email proof of payment</p>	<p>NUMBER OF DELEGATES</p>

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 _____

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: _____

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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: _____