

Accredited by



SABPP™

SA BOARD FOR
PEOPLE PRACTICES

Setting HR standards



THE SOUTH AFRICAN LABOUR LAW REPORTS' 34TH ANNUAL SEMINAR

RESERVATION ENQUIRIES: Taryn Frank

Tel: (041) 373 4322 • Email: pa@vanzylrudd.co.za • www.sallr.co.za

Van Zyl Rudd & Associates



THE SOUTH AFRICAN LABOUR LAW REPORTS' 34TH ANNUAL SEMINAR

How do you know that you made the right decision when securing your place at the upcoming **SALLR** seminar? Simply put, choosing the **SALLR** seminar will provide you with the peace of mind that the **SALLR** team has:

- selected the correct topics identifying the latest developments in labour law and industrial relations
- identified appropriate trends
- uniquely categorised the content of such topics in a comprehensive workbook
- formulated insightful questions and provided customised answers
- cross-referenced the developments to publications, judgments, awards, etc

The **SALLR's** commitment to turn busy practitioners into informed practitioners by providing a career-long learning path is reflected in the following:

- delegates earn seven CPD points for attending this accredited learning event
- delegates may also earn further CPD points if an evidence file is compiled of various activities
- delegates receive formal SAPBB and IPM certificates recognising their learning efforts

REGISTRATION FEES (inclusive of VAT) (All fees include free parking)

- **Normal fee:**
 - 1 delegate: **R4 250.00**
- **Discounted fee for SASLAW members:**
 - 1 delegate: **R3 800.00**
- **Non-profit organisations**
 - **R3 000.00** per delegate
- **Multiple delegates from one organisation:**
 - 2 to 5 delegates: **R3 700.00** per delegate
 - 6 to 10 delegates: **R3 500.00** per delegate
 - 10+ delegates: **R3 300.00** per delegate
- **CCMA, academics, trade unions and bargaining councils:**
 - **R3 000.00** per delegate



RESERVATION ENQUIRIES: Taryn Frank

Tel: (041) 373 4322 • Email: pa@vanzylrudd.co.za • www.sallr.co.za

Van Zyl Rudd & Associates 

CODE:

DATE:

REGISTRATION FORM

Post/E-mail/Fax to: Van Zyl, Rudd and Associates SA (Pty) Ltd
P O Box 12758
Centrahil 6006

Enquiries: Taryn Frank
Tel: 041-373 4322 • Fax: 041-373 4323
E-mail: pa@vanzylrudd.co.za

NOTE: UPON RECEIPT OF THE COMPLETED REGISTRATION FORM BY VZR, THE SEMINAR FEE PER DELEGATE WILL IMMEDIATELY BE DUE AND PAYABLE.

NOTE: SHOULD A DELEGATE REGISTER FOR A SEMINAR AND NOT BE ABLE TO ATTEND, FOR WHATEVER REASON, SUCH CANCELLATION MUST BE IN WRITING AND RECEIVED BY VZR AT LEAST 15 CALENDAR DAYS BEFORE THE DATE OF THE SEMINAR. IF SUCH CANCELLATION CONDITIONS ARE NOT MET, THE DELEGATE WILL BE HELD LIABLE FOR THE FULL SEMINAR FEE.

ALL PRICES INCLUDE VAT

<input type="checkbox"/> PORT ELIZABETH THE BOARDWALK HOTEL TUESDAY, 28 AUGUST 2018	<input type="checkbox"/> KRUGERSDORP SILVERSTAR CASINO TUESDAY, 4 SEPTEMBER 2018	<input type="checkbox"/> MIDRAND PROTEA HOTEL MIDRAND THURSDAY, 6 SEPTEMBER 2018
FULL NAME OF DELEGATE(S)	FULL NAME OF DELEGATE(S)	FULL NAME OF DELEGATE(S)
<input type="checkbox"/> CAPE TOWN ONE AND ONLY TUESDAY, 11 SEPTEMBER 2018	<input type="checkbox"/> JOHANNESBURG THE MASLOW HOTEL WEDNESDAY, 12 SEPTEMBER 2018	<input type="checkbox"/> PRETORIA TIMES SQUARE THURSDAY, 13 SEPTEMBER 2018
FULL NAME OF DELEGATE(S)	FULL NAME OF DELEGATE(S)	FULL NAME OF DELEGATE(S)
<input type="checkbox"/> DURBAN THE OYSTER BOX TUESDAY, 18 SEPTEMBER 2018	<input type="checkbox"/> JOHANNESBURG BIRCHWOOD HOTEL WEDNESDAY, 19 SEPTEMBER 2018	<input type="checkbox"/> BLOEMFONTEIN KOPANO NOKENG COUNTRY LODGE THURSDAY, 20 SEPTEMBER 2018
FULL NAME OF DELEGATE(S)	FULL NAME OF DELEGATE(S)	FULL NAME OF DELEGATE(S)

KINDLY INSERT YOUR VAT NUMBER IN RESPECT OF INVOICING:

Banking details of Van Zyl, Rudd and Associates SA (Pty) Ltd: ABSA - Newton Park - Account No: 40 8094 0399
Branch code: 632-005

KINDLY COMPLETE THE FOLLOWING SO THAT VZR WILL BE ABLE TO ISSUE THE RELEVANT INVOICE AND STATEMENT:

Organisation: Postal address:

ID no: Company reg no:

Relevant order no:

Postal code: Tel: Fax:

Contact person name and surname:

E-mail address of delegate(s):

Name and surname of person responsible for payment of this account:

Email address and landline of person responsible for the payment of this account:

Date: Name and surname: Signature: