



REGISTRATION FORM FOR THE NEW CCMA RULES WORKSHOP

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

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

NOTE:

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

NOTE: SHOULD A DELEGATE REGISTER FOR THE WORKSHOP 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 WORKSHOP. IF SUCH CANCELLATION CONDITIONS ARE NOT MET, THE DELEGATE WILL BE HELD LIABLE FOR THE FULL WORKSHOP FEE.

REGISTRATION FEES (Inclusive of VAT and free parking): 1 Delegate: R2 990.00

<input type="checkbox"/> BLOEMFONTEIN KOPANO NOKENG COUNTRY LODGE MONDAY, 1 APRIL 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.	<input type="checkbox"/> EAST LONDON INTERNATIONAL CONVENTION CENTRE TUESDAY, 2 APRIL 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.	<input type="checkbox"/> PORT ELIZABETH PROTEA MARINE HOTEL WEDNESDAY, 3 APRIL 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.
<input type="checkbox"/> JOHANNESBURG BIRCHWOOD HOTEL THURSDAY, 4 APRIL 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.	<input type="checkbox"/> DURBAN COASTLANDS UMHLANGA HOTEL TUESDAY, 9 APRIL 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.	<input type="checkbox"/> JOHANNESBURG THE MASLOW, SANDTON WEDNESDAY, 10 APRIL 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.
<input type="checkbox"/> PRETORIA TIME SQUARE THURSDAY, 11 APRIL 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.	<input type="checkbox"/> CAPE TOWN TABLE BAY MONDAY, 15 APRIL 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.	

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: