



REGISTRATION FORM

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

Enquiries: Taryn van der Merwe
 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.

REGISTRATION FEES (Inclusive of VAT and free parking) **NORMAL FEE:** 1 Delegate: R4 350.00 **DISCOUNTED FEE:** Available to multiple delegates from one organisation

<input type="checkbox"/> PORT ELIZABETH THE BOARDWALK HOTEL TUESDAY, 27 AUGUST 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.	<input type="checkbox"/> BLOEMFONTEIN KOPANO NOKENG COUNTRY LODGE THURSDAY, 29 AUGUST 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.	<input type="checkbox"/> KRUGERSDORP SILVERSTAR CASINO TUESDAY, 3 SEPTEMBER 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.
<input type="checkbox"/> MIDRAND PROTEA HOTEL MIDRAND THURSDAY, 5 SEPTEMBER 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.	<input type="checkbox"/> CAPE TOWN TABLE BAY MONDAY, 9 SEPTEMBER 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.	<input type="checkbox"/> JOHANNESBURG THE MASLOW HOTEL WEDNESDAY, 11 SEPTEMBER 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.
<input type="checkbox"/> PRETORIA TIME SQUARE THURSDAY, 12 SEPTEMBER 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.	<input type="checkbox"/> DURBAN THE OYSTER BOX TUESDAY, 17 SEPTEMBER 2019 FULL NAME OF DELEGATE(S) 1. 2. 3. 4.	<input type="checkbox"/> JOHANNESBURG BIRCHWOOD HOTEL WEDNESDAY, 18 SEPTEMBER 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: