

# EARLY BIRD PACKAGE - OPTION 1

## IN-PERSON 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

<input type="checkbox"/> <b>GQEBERHA</b> THE BOARDWALK HOTEL TUESDAY, 22 AUGUST 2023 (In-person)	<input type="checkbox"/> <b>BLOEMFONTEIN</b> KOPANO NOKENG HOTEL TUESDAY, 24 AUGUST 2023 (In-person)
<b>DETAILS OF DELEGATE(S)</b> 1. Full name of delegate: ..... Email address: ..... Cell no: ..... 2. Full name of delegate: ..... Email address: ..... Cell no: ..... 3. Full name of delegate: ..... Email address: ..... Cell no: .....	<b>DETAILS OF DELEGATE(S)</b> 1. Full name of delegate: ..... Email address: ..... Cell no: ..... 2. Full name of delegate: ..... Email address: ..... Cell no: ..... 3. Full name of delegate: ..... Email address: ..... Cell no: .....
<input type="checkbox"/> <b>JOHANNESBURG (SANDTON)</b> THE MASLOW HOTEL TUESDAY, 29 AUGUST 2023 (In-person)	<input type="checkbox"/> <b>DURBAN</b> THE OYSTER BOX HOTEL TUESDAY, 31 AUGUST 2023 (In-person)
<b>DETAILS OF DELEGATE(S)</b> 1. Full name of delegate: ..... Email address: ..... Cell no: ..... 2. Full name of delegate: ..... Email address: ..... Cell no: ..... 3. Full name of delegate: ..... Email address: ..... Cell no: .....	<b>DETAILS OF DELEGATE(S)</b> 1. Full name of delegate: ..... Email address: ..... Cell no: ..... 2. Full name of delegate: ..... Email address: ..... Cell no: ..... 3. Full name of delegate: ..... Email address: ..... Cell no: .....
<input type="checkbox"/> <b>PRETORIA</b> SUN TIME SQUARE TUESDAY, 5 SEPTEMBER 2023 (In-person)	<input type="checkbox"/> <b>JOHANNESBURG (BOKSBURG)</b> BIRCHWOOD HOTEL THURSDAY, 14 SEPTEMBER 2023 (In-person)
<b>DETAILS OF DELEGATE(S)</b> 1. Full name of delegate: ..... Email address: ..... Cell no: ..... 2. Full name of delegate: ..... Email address: ..... Cell no: ..... 3. Full name of delegate: ..... Email address: ..... Cell no: .....	<b>DETAILS OF DELEGATE(S)</b> 1. Full name of delegate: ..... Email address: ..... Cell no: ..... 2. Full name of delegate: ..... Email address: ..... Cell no: ..... 3. Full name of delegate: ..... Email address: ..... Cell no: .....
<input type="checkbox"/> <b>CAPE TOWN</b> THE TABLE BAY TUESDAY, 19 SEPTEMBER 2023 (In-person)	<b>note:</b> 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.
<b>DETAILS OF DELEGATE(S)</b> 1. Full name of delegate: ..... Email address: ..... Cell no: ..... 2. Full name of delegate: ..... Email address: ..... Cell no: ..... 3. Full name of delegate: ..... Email address: ..... Cell no: .....	

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## PAYMENT DETAILS

### PAYMENT OPTION 1

Please debit my credit card account number

Visa     Master     Expiry     CVV code

(three digits on back of card)

### PAYMENT OPTION 2

EFT payment (note: VZR's banking details will be supplied with your invoice.  
Please use your invoice number as your payment reference)

### PAYMENT OPTION 3: INTEREST FREE INSTALMENT TERMS

Registration fee amount to be paid in three equal instalments, interest free: first instalment due before 29 July 2023, second instalment due before 31 August 2023 and third instalment due before 30 September 2023. Note: In the event of non-payment, the delegate will be personally responsible for collection of the outstanding amount and legal costs incurred

Authorised signature:..... Name & surname of person signing: ..... Date:.....

## INDIVIDUAL, ORGANISATION & BILLING INFORMATION

**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:**

Individual / Organisation: ..... Postal address:.....

ID no: ..... Company reg no: .....

Relevant order no: .....

Postal code: ..... Tel: ..... Fax:.....

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: .....

# EARLY BIRD PACKAGE - OPTION 2

## LIVE BROADCAST REGISTRATION FORM



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### NOTE

**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.



### CAPE TOWN

#### THE TABLE BAY

TUESDAY, 19 SEPTEMBER 2023 (live broadcast)

#### DETAILS OF DELEGATE(S)

1. Full name of delegate: .....  
Email address: .....  
Cell no: .....
2. Full name of delegate: .....  
Email address: .....  
Cell no: .....
3. Full name of delegate: .....  
Email address: .....  
Cell no: .....
4. Full name of delegate: .....  
Email address: .....  
Cell no: .....
5. Full name of delegate: .....  
Email address: .....  
Cell no: .....
6. Full name of delegate: .....  
Email address: .....  
Cell no: .....
7. Full name of delegate: .....  
Email address: .....  
Cell no: .....
8. Full name of delegate: .....  
Email address: .....  
Cell no: .....
9. Full name of delegate: .....  
Email address: .....  
Cell no: .....
10. Full name of delegate: .....  
Email address: .....  
Cell no: .....

#### DETAILS OF DELEGATE(S)

11. Full name of delegate: .....  
Email address: .....  
Cell no: .....
12. Full name of delegate: .....  
Email address: .....  
Cell no: .....
13. Full name of delegate: .....  
Email address: .....  
Cell no: .....
14. Full name of delegate: .....  
Email address: .....  
Cell no: .....
15. Full name of delegate: .....  
Email address: .....  
Cell no: .....
16. Full name of delegate: .....  
Email address: .....  
Cell no: .....
17. Full name of delegate: .....  
Email address: .....  
Cell no: .....
18. Full name of delegate: .....  
Email address: .....  
Cell no: .....
19. Full name of delegate: .....  
Email address: .....  
Cell no: .....
20. Full name of delegate: .....  
Email address: .....  
Cell no: .....

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Postal code: ..... Tel: ..... Fax:.....

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: .....