

Delegate Registration Form

Delegates Fees

IPM Members—R 100.00

Non Members—R 150.00

(An invoice will be sent to you on receipt of completed registration form)

Topic: THE SUCCESS OF DISABILITY MANAGEMENT STRATEGY IN THE WORK PLACE

Time: 8h30—12h00

Workshop Date: 17 July 2009

Venue: Vodaworld (Talk 100)

Title: _____

Name: _____

Surname: _____

Designation: _____

Email: _____

Special Dietary Reg: _____

Company Name: _____

Contact Numbers: _____

(W) _____

(C) _____

(F) _____

Address: _____

_____ Code _____

VAT Reg. No. _____

Invoice Detail:

ATT: Name _____

Job Title _____

Company _____

Department _____

Address _____

_____ Code _____

Please adhere strictly to the fact that fees must be deposited into our bank account before the event **and proof of payment must be faxed for our records. Please use the invoice number as reference. For more information please contact Mr. Marius Pheiffer @ 012 667 1528 or 083 547 9961**

Our banking details are as follows:

Institute of People Management (Pretoria Branch)

Nedbank: 1621 228681 (Current Account)

Branch: 162-145 (Centurion)

If you wish to CANCEL this booking, please do so in writing before the closing date

Failure to do so will result in the full fee becoming applicable, Substitutions may however be made at any time

For Office

Date of Booking _____

Staff Reference _____

Invoice _____

Delegate 2:

Delegate 3:

Title: _____

Title: _____

Name: _____

Name: _____

Surname: _____

Surname: _____

Designation: _____

Designation: _____

Email: _____

Email: _____

Special Dietary Reg: _____

Special Dietary Reg: _____

Delegate 4:

Delegate 5:

Title: _____

Title: _____

Name: _____

Name: _____

Surname: _____

Surname: _____

Designation: _____

Designation: _____

Email: _____

Email: _____

Special Dietary Reg: _____

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