

Delegate Registration Form

Code: IPM

Delegates Fees

IPM Members—R 1275.00 Excl. VAT

Non Members—R 1500.00 Excl. VAT

The Influence of the Global Economy on Directors Pay

Time: 8h30—13h00

Workshop Date: 07 May 2009

Venue: Gallagher Estate, Johannesburg

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 _____

No refunds will be paid for cancellations as this creates administration hassles. Substitution are welcome, provided that their details are submitted in writing to IPM on a company letterhead

For registration call Lavern, or Patricia @ 011 329 3760. Please fax completed registration to 086 568 3831.

Account Holder: Institute of People Management

Standard Bank: 200472526

Branch Code: 000355

Branch: Parktown

Type of account: Current

For Office USE:

Date of Booking _____

Staff Reference _____

Invoice _____

Delegate 2:

Title: _____

Name: _____

Surname: _____

Designation: _____

Email: _____

Special Dietary Reg: _____

Delegate 3:

Title: _____

Name: _____

Surname: _____

Designation: _____

Email: _____

Special Dietary Reg: _____

Delegate 4:

Title: _____

Name: _____

Surname: _____

Designation: _____

Email: _____

Special Dietary Reg: _____

Delegate 5:

Title: _____

Name: _____

Surname: _____

Designation: _____

Email: _____

Special Dietary Reg: _____

No refunds will be paid for cancellations as this creates administration hassles. Substitution are welcome, provided that their details are submitted in writing to IPM on a company letterhead

For registration call Lavern or Patricia @ 011 329 3760. Please fax completed registration to 086 568 3831

Account Holder: Institute of People Management
Standard Bank: 200472526
Branch Code: 000355
Branch: Parktown

For Office USE:

Date of Booking _____

Staff Reference _____

Invoice _____