



REPRESENTATIVES

1st Level Regulatory Exams

Public Course - Registration Form

Please complete this form and return to (021) 674 2821 or e-mail to info@fit4fais.co.za,

PERSONAL DETAILS:

| | | | |
|---------------------|--|----------------------------|--|
| First Name | | Surname | |
| Company Name | | Work Tel No. () | |
| Cell No. | | E-Mail | |

COURSE REGISTERING FOR:

Please tick the appropriate course you will be attending

| City | Date | Venue | Tick |
|--------------|-------------------|--|------|
| Cape Town | Tues, 13 Mar 2012 | Old Mutual Training and Conference Centre Central Campus, Jan Smuts Drive, Pinelands | |
| Johannesburg | Tues, 6 Mar 2012 | Hacklebrooke, 110 Cnr Conrad Dr & Jan Smuts Avenue, Craighall Park | |

Each course is subject to a minimum of 20 delegates. We reserve the right to cancel a course should these minimum criteria not be met and will reimburse delegates their course fee accordingly.

COURSE FEES and PAYMENT

- Cost per delegate is R1350.00 per delegate per workshop. Prices quoted exclude VAT.
- This booking form must be completed and returned to us to ensure reservation.
- Fit4FAIS will issue an invoice within 7 days of receipt of this registration form. Payment must be made prior to the training date. DO NOT make payments into our bank account without being issued with an invoice.

INVOICE DETAILS

Please provide the following details for invoice purposes:

| | |
|-------------------|--|
| Address | |
| VAT number | |

CANCELLATION TERMS

| | |
|---|--------------------|
| The following cancellation terms will apply | |
| 5 to 10 working days prior to the event | 50% of course fee |
| 0 to 5 working days prior to the event | 100% of course fee |

SIGNED ACCEPTANCE

I have read, understood and accept the above:

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|