



**Registration form:
Course: Professional Interviewing Skills
30-31 March 2020
Cape Town**

**Fax to: 086 680 7715 or 012 346 1927 or
By e-mail to training@africata.co.za FINAL booking **23 March 2020****

BILLING INFORMATION

Company/Organisation: _____ Company VAT no: _____
 Postal Address: _____ Department/Cost Centre: _____
 _____ E-mail Billing Address: _____

We require a Pro forma Invoice Tax Invoice

The ACFE Registration Officer will issue an invoice for payment with bank details and a deposit reference, after the registration application has been processed.

DELEGATE 1

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____
 ID No: _____ Vehicle Registration: _____
 Position (Job title): _____ Company/Organisation: _____
 E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements eg. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ **DATE:** _____ **PLACE:** _____

DELEGATE 2

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____

ID No: _____ Vehicle Registration: _____

Position (Job title): _____ Company/Organisation: _____

E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements e.g. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ DATE: _____ PLACE: _____

DELEGATE 3

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____

ID No: _____ Vehicle Registration: _____

Position (Job title): _____ Company/Organisation: _____

E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements e.g. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ DATE: _____ PLACE: _____

DELEGATE 4

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____

ID No: _____ Vehicle Registration: _____

Position (Job title): _____ Company/Organisation: _____

E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements e.g. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ DATE: _____ PLACE: _____

AFRICA TRAINING ACADEMY Refund policy:
Please note booking will only be confirmed once payment has been received.

Cancelation policy:

- **2 weeks prior to the event: 50 % Cancelation Fee**
- **1 week prior to the event: 100 % Cancelation Fee**
- **100% cancellation fee will be charged, if a delegate is a “no show”,**

Substitutions are welcome; however, the AFRICA TRAINING ACADEMY needs to be informed promptly - no substitutions allowed 5 (five) days prior to the event.

*Please take note all quotations are only valid for 7 (seven) days, if you have not requested an invoice within the 7 (seven) days following the date of quotation issued, you will forfeit your seat/booking.

Should you wish to re – book, a new quotation will be issued - all prices are subject to change.

Take note NO quotes will be issued 5 (five) days prior to any event, only invoices.

The Cancelation Policy will become applicable as soon as an invoice is requested.