



REGISTRATION FORM 2018

Course		
Venue	Riversands Incubation Hub, Incubation Drive, Riverside View, Extension 15.	
Attendance Date/s		
Name of Company		
Name of Contact Person		
Email Address of Contact Person		
Telephone Number	()	
Postal Address		Code:
Terms and Conditions:		
<p>By signing and returning the registration form, the authorising signatory on behalf of the stated company is subject to the following Terms and Conditions.</p> <p>1. Delegate Substitutions: Delegate substitutions are welcome at any time. Please notify Smart Moves in writing or via email of any changes.</p> <p>2. Delegate Cancellations: All delegate cancellations must be received in writing and are subject to the following conditions.</p> <ul style="list-style-type: none"> - For any cancellations received 7 working days before the start of the workshop, Smart Moves will issue a credit voucher for the value paid to be used for up to one year for current workshops from the date of issue for any future workshop. - For cancellations received less than 7 working days before the date of the workshop, the full fee will be payable and no refunds or credit vouchers will be given if a registered delegate does not cancel and fails to attend the workshop, this will be treated as a cancellation and no refund or voucher will be issued. <p>3. Smart Moves Cancellation and Postponement Terms: In the event that Smart Moves cancels a workshop, delegate payments at the date of cancellation will be credited to a future Smart Moves workshop. If Smart Moves postpones and reschedules a workshop, the delegate payment will be credited towards the rescheduled date. If the delegate is unable to attend the rescheduled workshop, a full refund will be made.</p>		
<p>Name of Authorised Person: _____ Signature: _____</p>		

I hereby acknowledge that I have read and that I understand all the terms and conditions of my registration. Fax Registration Form to 086-403-0692 or Email to rita@smartmoveshc.co.za for an invoice to be raised. Confirmation of booking will only be given once full payment has been received.

Payment Method:

Electronic transfer/direct deposit must be validated by faxed copy of transaction slip. Please use your invoice number as a reference.

Company Order Number: _____ Please fax official order form to: _____

NAME AND SURNAME OF DELEGATE	DESIGNATION	EMAIL ADDRESS / CONTACT NUMBER

Please include any dietary or special requirements

Banking Details

Company: Smart Moves Human Capital (Pty) Limited
 Bank: FNB
 Branch: Bryanston
 Account Number: 62402185319
 Branch Code: 250017
 Account: Cheque

Please indicate how you heard about our workshop?

Our Website	Mailshot	Advertisement	Referral	Telecanvassing	Brochure	Other
Give Details						

Contact Details

Rita Lally
 Telephone (Office) 011-781-2357
 Cell Number: 082-577-0025

