

# Making **CSI** Work Training *workshop*

## REGISTRATION FORM - JOHANNESBURG ONLY

Please use **BLOCK** letters. Note: Up to three delegates can be included per Registration Form

### PLEASE INDICATE WHICH TRAINING SESSION YOU ARE ATTENDING

<b>MARCH 2012</b> Monday 19th and Tuesday 20th March	<b>JULY 2012</b> Tuesday 17th and Wednesday 18th July
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### COMPANY DETAILS

Company name	Vat number	
Postal address	Purchase order number	
	Postal code	

### CONTACT PERSON (for payment)

Name and Surname	Position/designation	
Telephone: Area code	Number	
Fax: Area code	Number	
Email:	Mobile	

### DELEGATES

<b>Delegate one</b>				
Surname:		Title (Prof/Dr/Mr/Mrs/Ms)		
First name:		ID number		
Position/designation				
Telephone: Area code	Number:	Mobile:	Email:	
Special dietary requirements:	Vegetarian	Halaal	Diabetic	Kosher

<b>Delegate two</b>				
Surname:		Title (Prof/Dr/Mr/Mrs/Ms)		
First name:		ID number		
Position/designation				
Telephone: Area code	Number:	Mobile:	Email:	
Special dietary requirements:	Vegetarian	Halaal	Diabetic	Kosher

<b>Delegate three</b>				
Surname:		Title (Prof/Dr/Mr/Mrs/Ms)		
First name:		ID number		
Position/designation				
Telephone: Area code	Number:	Mobile:	Email:	
Special dietary requirements:	Vegetarian	Halaal	Diabetic	Kosher

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TOTAL DUE					
<i>Note: Payments can be made by direct deposit or electronic transfer</i>					
Number of delegates:	Price (inc VAT) R5,130.00	TOTAL DUE	R		
PAYMENT					
<i>Note: Payments can be made by direct deposit or electronic transfer</i>					
Direct deposits and transfers					
Account name	Trialogue	Bank	Standard Bank	Branch	Claremont
Account number	072 589 191			Branch code	025 109

A copy of the deposit slip or proof of electronic payment must be sent to Vee Sampson, Trialogue, Fax 021 671 0119 or email [vsampson@trialogue.co.za](mailto:vsampson@trialogue.co.za) with your details clearly marked on the slip.

## PLEASE NOTE

- Payment in full must be made one month before the date of the workshop in order to secure your place.
- Please submit your completed Registration Form either electronically to [training@trialogue.co.za](mailto:training@trialogue.co.za) or fax to Trialogue's Cape Town office on 021 671 0119.
- Delegate fees include: a full-colour Source Book and Workbook per delegate; a copy of Trialogue's 14th edition of *The CSI Handbook*; lunch and refreshments on both days.
- Delegates are responsible for their own accommodation and transport arrangements.
- Registration will only be confirmed once full and final payment has been received.
- Any cancellation must be submitted in writing at least five working days prior to the starting date of the workshops, otherwise full payment will still be charged for the delegate/s concerned.
- 'No show' of delegates will be subject to a 100% cancellation fee.

If you have any queries, please contact Vee Sampson at Trialogue's Cape Town office on 021 671 1640 or email [training@trialogue.co.za](mailto:training@trialogue.co.za)