REGISTRATION DETAILS

28 - 29 May 2013
The Fairway Hotel and Golf Resort, Randpark • JHB

COST

R9 250.00

Fee includes VAT, refreshments, lunch, snacks, parking and course material

REGISTRATION

- Register online at **www.kr.co.za**
- ***Phone*** Maxine Pretorius on 011 706-6009
- ***Fax*** completed registration form to 011 706-1127
- ***Email*** completed form to maxine@knowres.co.za

Once payment has been made please fax through proof of payment with the event's name written in the top right-hand corner

SPECIAL OFFERS

- Register 3 delegates and the 4th delegate attends free of charge!
- Special discount for registered NPO's, small businesses (30 or less employees) & full-time lecturers at universities – contact us for more information!

TERMS & CONDITIONS

Payment must be received before the event takes place. Knowledge Resources reserves the right to refuse admission where evidence of payment cannot be shown.

CONFIRMATION OF BOOKING

If you have not received confirmation in writing, of your booking before the event, please contact us on 011 706-6009 to confirm that we have received your registration.

SOMETHING HAS COME UP AND I CANNOT ATTEND

If you cannot make it to the event, you have several options (the below options need to be received in writing):

- You may send a substitute delegate in your place, please inform the Customer Care Department of the new name for registration purposes. No additional charges will be applicable for substitutions
- You may transfer at no extra charge to another event, provided you do so in writing at least 10 working days before the event. Transfers within the 10 working days will be charged an administration fee of 20%
- You may cancel your registration, in writing, up to 10 working days before the event takes place. Cancellations inside of 10 days will be liable for the full fee
- Unfortunately, no refund or credit can be given to delegates who do not attend without giving prior notice
- Registrations received during the 10 working days before the event date, will not be excluded from any terms & conditions

In the event of unforeseen circumstances Knowledge Resources reserves the right to change the programme content, the speakers, the venue or the date. You will be notified no less than 5 working days prior to an event. Should the event be postponed, you will have the option to attend the next available date of the relevant event. The registration fee will be credited on delegate accounts, should they opt not to attend the next available date of the relevant event or in the case where an event is cancelled.

PAYMENT

- Cheques should be made payable to Knowledge Resources (Pty)Ltd. Please do not mail any cheques.
- Electronic Transfer or Direct Deposit into our bank account, validated by faxed copy of transaction slip

Nedbank Cresta

Account No.: 1913164489 Branch Code: 191305 Fax: 011 706-1127

Please note: ***Payment must be received by no later than 15:00 the day before the first morning of the event***.

SETA ACCREDITATION

There is a misguided opinion that organisations can only claim their levies back if they use accredited training providers. This is not entirely correct. In the Government Gazette (No.20865 of 7 February 2000), it clearly states that the Skills Development Levies Act provides for recovery of a levy payment based on the submission of Workplace Skills Plans (WSPs), Workplace Skills Implementation Plans (WSIPs), and the submission of the names of Skills Development Facilitators (SDFs), and not on the basis of making use of accredited providers or NQF-aligned training and development events only.

FOR MORE INFORMATION CONTACT GUGU MAZIBUKO
TEL: +27 (11) 706 6009 OR EMAIL: GUGUM@KNOWRES.CO.ZA

KNOWLEDGE RESOURCES

REGISTRATION FORM

28 - 29 May 2013
The Fairway Hotel and Golf Resort, Randpark • JHB

Once payment has been made please fax through proof of payment with the event's name written in the top right-hand corner.
PLEASE NOTE *Delegates will not be allowed entry to the event if payment has not been received*

Booking made by:

Phone:

Email:

Date: **Signature:**

By signing this registration form, the delegates agree to the enclosed terms and conditions

DELEGATE 1		DELEGATE 2	
Name:		Name:	
Title: **Mr / Mrs / Miss / Dr / Prof**		Title: **Mr / Mrs / Miss / Dr / Prof**	
Designation:		Designation:	
Email:		Email:	
Phone:	Fax:	Phone:	Fax:
Cellular:		Cellular:	
Company:		Company:	
Company VAT number:		Company VAT number:	
Postal address:		Postal address:	
Postal code:		Postal code:	
Dietary requirements:		Dietary requirements:	

DELEGATE 3		DELEGATE 4	
Name:		Name:	
Title: **Mr / Mrs / Miss / Dr / Prof**		Title: **Mr / Mrs / Miss / Dr / Prof**	
Designation:		Designation:	
Email:		Email:	
Phone:	Fax:	Phone:	Fax:
Cellular:		Cellular:	
Company:		Company:	
Company VAT number:		Company VAT number:	
Postal address:		Postal address:	
Postal code:		Postal code:	
Dietary requirements:		Dietary requirements:	

CREDIT CARD PAYMENT *(Mark appropriate box)*	VISA	MASTERCARD	AMEX	DINERS
Cardholder:	Expiry date:		CCV number:	
Card number:	Amount *(All prices are VAT inclusive)*:			
Date:	**Signature:**			

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