

HR BUSINESS PARTNER CONFERENCE 2019

24-25 JULY 2019 · TWO-DAY CONFERENCE & WORKSHOP | HILTON HOTEL, WINDHOEK, NAMIBIA

REGISTRATION INFORMATION

REGISTRATION FEE	2019 INCL. VAT
A 24-25 July 2019 Full conference and half-day workshop (SAVE N\$ 805)	N\$ 7 935.00
B 24 July 2019 Half-day workshop and half-day conference	N\$ 4 255.00
C 25 July 2019 Day two of conference only	N\$ 4 255.00
D 24 July 2019 Half-day workshop only	N\$ 2 875.00

Registration fees **include VAT**, speaker slides, parking, refreshments, snacks, lunch and materials.

HOW TO REGISTER

ONLINE	EMAIL	PHONE
WWW.KR.CO.ZA	Email completed form busschool@na.pwc.com	LORENZO STRAUSS +264 (61) 284 1034

SPECIAL OFFERS

- Register 3 delegates and the 4th delegate attends free of charge!
- HR Think Tank Members qualify for 20% discount – contact Zia Attlee for membership +27 (11) 706 6009 | zia@knowres.co.za
- Special discount for registered NPOs, small businesses (30 / less employees) & full-time lecturers at universities – contact us for more information!

TERMS AND CONDITIONS OF REGISTRATION

Payment must be received before the event takes place. PricewaterhouseCoopers 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 +264 (61) 284 1034 to confirm that we have received your registration.

SOMETHING HAS COME UP AND YOU CAN'T 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 KR 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 PwC 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 • PAYMENT MUST BE RECEIVED BEFORE THE EVENT TAKES PLACE

- Payments should be made to PricewaterhouseCoopers.
- Electronic Transfer or Direct Deposit into our bank account, validated by email copy of transaction slip:
Bank Windhoek | Account Name: PricewaterhouseCoopers | Account No.: 1080055803 | Kudu Branch Code: 482-172
| Email: busschool@na.pwc.com

For more information contact:

KATIE VAN DER SCHYFF, KR | Head Conferences & Training +27 (11) 706 7009 | katie@knowres.co.za
LORENZO STRAUSS, PwC | Business School Assistant Manager +264 (61) 284 1034 | busschool@na.pwc.com

HR BUSINESS PARTNER CONFERENCE 2019

24-25 JULY 2019 · TWO-DAY CONFERENCE & WORKSHOP | HILTON HOTEL, WINDHOEK, NAMIBIA

REGISTRATION FORM

Once payment has been made please email through proof of payment with the event's name in the subject line.
PLEASE NOTE Delegates will not be allowed entry to the event if payment has not been received.

BOOKING MADE BY (NAME & SURNAME):

Company:

Company VAT number:

Email:

Postal address:

Postal code:

Date:

Department:

Phone:

Physical address:

Postal code:

Signature:

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

DELEGATE 1

Tick options A B C D

Name:

Title: Mr / Mrs / Miss / Dr / Prof

Designation:

Email:

Phone:

Cellular:

Dietary requirements:

DELEGATE 2

Tick options A B C D

Name:

Title: Mr / Mrs / Miss / Dr / Prof

Designation:

Email:

Phone:

Cellular:

Dietary requirements:

DELEGATE 3

Tick options A B C D

Name:

Title: Mr / Mrs / Miss / Dr / Prof

Designation:

Email:

Phone:

Cellular:

Dietary requirements:

DELEGATE 4

Tick options A B C D

Name:

Title: Mr / Mrs / Miss / Dr / Prof

Designation:

Email:

Phone:

Cellular:

Dietary requirements:

CREDIT CARD PAYMENT mark appropriate box

VISA

MASTERCARD

AMEX

DINERS

Cardholder:

Card number:

Date:

Expiry date:

CCV number:

Amount (Total incl. VAT):

Signature: