





### Group Registration Form 2+ delegates

CONTACT DETAILS	
 The Conference Company	 (031) 303 9852
 + 27 86 605 9829	 <a href="mailto:vanessa@confco.co.za">vanessa@confco.co.za</a>
BILLING DETAILS (for invoice purposes)	
Company / Organisation:	VAT Reg No: (SA delegates)
First Name:	Surname:
Postal Address:	Code:
Telephone:	Fax:
E-mail:	Cell:
TERMS AND CONDITIONS:	
<ul style="list-style-type: none"> <li>•Participants who cancel before 30 June 2019 will be entitled to a 50% refund of their registration fee. No refunds are possible for cancellations received after 30th June 2019.</li> <li>•Cancellations must be submitted in writing to the Conference Secretariat, c/o The Conference Company, in order to receive any possible reimbursement.</li> <li>•A participant who cancels may ask the Conference Secretariat to transfer the registration to a colleague. A fee of 10% of the registration fee is charged for replacements.</li> <li>•Refunds will be processed after the conference accounts have been reconciled and on receipt of a written request sent to the Conference Secretariat.</li> <li>•Refunds for no shows are not possible.</li> </ul> <p>Liability: The Conference Organisers have taken all reasonable care in making arrangements for the 2019 Institute of Retirement Funds Africa Conference. In the event of unforeseen disruptions, neither the Conference Secretariat nor the Institute of Retirement Funds Africa can be held responsible for any losses incurred by participants. The programme is correct at the time of printing, but organisers reserve the right to alter the programme if and when deemed necessary. The Conference Company acts as an agent only in securing hotels, transport and travel services, and shall in no event be liable for acts or omissions in the event of injury, damage, loss accident, delay or irregularity of any kind whatsoever during arrangements organized through contractors or by the employees of such contractors.</p> <ul style="list-style-type: none"> <li>•The early-bird registration fee will only be applicable to participants who register and pay prior to the early-bird cut-off dates mentioned. A participant who registers prior to the cut-off date and omits to pay, will automatically be charged the higher registration fee without prior notification.</li> <li>•Until payment has been received, registration for the Conference and any of its associated events cannot be confirmed and without confirmed registration, participants will not be listed in the programme or in the list of participants.</li> </ul>	
Signature:	Date:
I hereby acknowledge that I have read and that I understand the terms and conditions of my group's registration.	
DELEGATE 1	
PERSONAL DETAILS	
First Name:	Surname:
ID Number:	Position:
E-mail:	Tel/Cell:
Designation: <input type="checkbox"/> Administrator <input type="checkbox"/> Assessment Manager <input type="checkbox"/> EB Consultant <input type="checkbox"/> Insurer <input type="checkbox"/> Principal Officer <input type="checkbox"/> Trustee <input type="checkbox"/> Other (please specify)	Region: <input type="checkbox"/> Johannesburg <input type="checkbox"/> Eastern Cape <input type="checkbox"/> Western Cape <input type="checkbox"/> Free State <input type="checkbox"/> Pretoria <input type="checkbox"/> Kwa-Zulu Natal <input type="checkbox"/> Mpumalanga <input type="checkbox"/> Non-SA resident
CONFERENCE FEE	
<b>Registration Fee (per delegate)</b>	
Discounted Fee for Pensions Africa attendees @ R 9 600.00 per person (incl. VAT)	
MEET & GREET COCKTAIL: SUNDAY, 28th July 2019 (The cost is included in the Conference fee)	
I confirm I will attend	R 0,00 per person
GALA DINNER: MONDAY, 29th July 2019 (The cost is NOT included in the Conference fee)	
I wish to book a seat at the Gala Dinner (please indicate no. of seats)	R 800,00 per person (Including VAT)
I wish to book a table of 10 seats at the Gala Dinner	R 7 600,00 per table (Including VAT)
Name under which the table/s should be booked:	
DELEGATE 2	
PERSONAL DETAILS	
First Name:	Surname:
ID Number:	Position:
E-mail:	Tel/Cell:
Designation: <input type="checkbox"/> Administrator <input type="checkbox"/> Assessment Manager <input type="checkbox"/> EB Consultant <input type="checkbox"/> Insurer <input type="checkbox"/> Principal Officer <input type="checkbox"/> Trustee <input type="checkbox"/> Other (please specify)	Region: <input type="checkbox"/> Johannesburg <input type="checkbox"/> Eastern Cape <input type="checkbox"/> Western Cape <input type="checkbox"/> Free State <input type="checkbox"/> Pretoria <input type="checkbox"/> Kwa-Zulu Natal <input type="checkbox"/> Mpumalanga <input type="checkbox"/> Non-SA resident
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Name under which the table/s should be booked:	

DELEGATE 3		
PERSONAL DETAILS		
First Name:	Surname:	
ID Number:	Position:	
E-mail:	Tel/Cell:	
Designation:	Region:	
<input type="checkbox"/> Administrator <input type="checkbox"/> Assessment Manager <input type="checkbox"/> EB Consultant <input type="checkbox"/> Insurer <input type="checkbox"/> Principal Officer <input type="checkbox"/> Trustee <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Johannesburg <input type="checkbox"/> Free State <input type="checkbox"/> Mpumalanga	<input type="checkbox"/> Eastern Cape <input type="checkbox"/> Pretoria <input type="checkbox"/> Non-SA resident <input type="checkbox"/> Western Cape <input type="checkbox"/> Kwa-Zulu Natal
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Name under which the table/s should be booked:		
DELEGATE 4		
PERSONAL DETAILS		
First Name:	Surname:	
ID Number:	Position:	
E-mail:	Tel/Cell:	
Designation:	Region:	
<input type="checkbox"/> Administrator <input type="checkbox"/> Assessment Manager <input type="checkbox"/> EB Consultant <input type="checkbox"/> Insurer <input type="checkbox"/> Principal Officer <input type="checkbox"/> Trustee <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Johannesburg <input type="checkbox"/> Free State <input type="checkbox"/> Mpumalanga	<input type="checkbox"/> Eastern Cape <input type="checkbox"/> Pretoria <input type="checkbox"/> Non-SA resident <input type="checkbox"/> Western Cape <input type="checkbox"/> Kwa-Zulu Natal
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Name under which the table/s should be booked:		
DELEGATE 5		
PERSONAL DETAILS		
First Name:	Surname:	
ID Number:	Position:	
E-mail:	Tel/Cell:	
Designation:	Region:	
<input type="checkbox"/> Administrator <input type="checkbox"/> Assessment Manager <input type="checkbox"/> EB Consultant <input type="checkbox"/> Insurer <input type="checkbox"/> Principal Officer <input type="checkbox"/> Trustee <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Johannesburg <input type="checkbox"/> Free State <input type="checkbox"/> Mpumalanga	<input type="checkbox"/> Eastern Cape <input type="checkbox"/> Pretoria <input type="checkbox"/> Non-SA resident <input type="checkbox"/> Western Cape <input type="checkbox"/> Kwa-Zulu Natal
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