Short Course Registration & Booking form 2019

**Please book the following persons for the course as indicated below**

(If space insufficient, use a separate page providing the same details)

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|  | **SURNAME AND NAME** | **Initials** | **Title** | **posITION HELD** | **DATE for which BOOKing is REQUIRED** |
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**Due to the limitation of the number of participants per group, places cannot be guaranteed. The institute will finalise bookings and inform participants of successful booking or communicate alternative dates. VAT invoices will be issued as soon as bookings are finalised and accepted**. **Full payment must be received in advance of the course**.

Organisation/Department

Code:

Postal address

Fax number

Telephone number

(and area code)

As required by Government Gazette No. 25864

For full details visit the VAT section at sars.gov.za

VAT Registration number

E-Mail address

Authorised signature

Name of signatory

SAIGA corporate membership number (if discount is claimed)

**Complete the form and email to manager@saiga.co.za**