



Over 65 years of Excellence

| DELEGATE REGISTRATION FORM | | | | | |
|--|--|-------------------------|--------------|--|--|
| Name of Workshop: | HR METRICS | Name: | | | |
| | | Contact numbers: | W | | |
| | | | C | | |
| Time(s): | 08h30 – 16h30 | | F | | |
| Date(s): | 2 – 3 April 2014 | Address: | | | |
| Venue: | Durban, South Africa | | | | |
| Registration Fees: | R3 500pp IPM Member R4 500pp Non - IPM Member (Price Excludes VAT) | | Code: | | |
| | | Invoice Detail: | | | |
| Title: | | ATT: Name: | | | |
| Name: | | Job Title: | | | |
| Surname: | | Company: | | | |
| Designation: | | VAT Reg. No | | | |
| Email: | | Department: | | | |
| Dietary requirements: | | Address: | | | |
| | | | | | |
| | | | Code: | | |
| TERMS AND CONDITIONS: | | | | | |
| <p>Cancellations: All cancellations and requests to transfer/substitute must be made in writing to the events registrar by email to patricia@ipm.co.za and will be acknowledged in writing.</p> <ul style="list-style-type: none"> • Any cancellations received 0-7 days before the start of the workshop is subject to a cancellation fee of 100 per cent of the workshop fees, alternatively you may nominate a replacement delegate. • If the delegate fails to attend the workshop, the full workshop fees are payable.. <p>Payments: are due within 2 weeks upon receipt of invoice and must be paid in full prior to the day of the event. Delegates will not be allowed entry if payment has not been received in full or if alternative payment arrangements have not been made.</p> <p>Proof of payment: kindly fax or email proof of payment to Lavern at 086 545 9718 or lavern@ipm.co.za</p> <p>For registration call Patricia, or Lavern @ 011 716 7504. Please either fax completed registration to 086 568 3831 or email to patricia@ipm.co.za or lavern@ipm.co.za.</p> <p>Account Holder: Institute of People Management Standard Bank: 200472526 Branch Code: 000355 Branch: Parktown Type of account: Current</p> | | | | | |
| For Office USE: | | | | | |
| Date of booking: | | | | | |
| Staff reference: | | | | | |
| Invoice: | | | | | |

Please see next page

| Delegate 2: | | Delegate 3: | |
|--|--|-----------------------|--|
| Title: | | Title: | |
| Name: | | Name: | |
| Surname: | | Surname: | |
| Designation: | | Designation: | |
| Contact No.: | | Contact No.; | |
| Email: | | Email: | |
| Dietary requirements: | | Dietary requirements: | |
| | | | |
| Delegate 4: | | Delegate 5: | |
| Title: | | Title: | |
| Name: | | Name: | |
| Surname: | | Surname: | |
| Designation: | | Designation: | |
| Contact No.: | | Contact No.; | |
| Email: | | Email: | |
| Dietary requirements: | | Dietary requirements: | |
| | | | |
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