

## **REGISTRATION FORM**

| WHERE DID YOU HEAR ABOUT THIS EVENT?   |   |  |                      |                                      |                         |  |
|--|---|--|----------------------|--------------------------------------|-------------------------|--|
|  |   |  |                      |                                      |                         |  |
| NOTE: Please send your completed Registration Form to Michelle Venter. Email: michelle@arbitrators.co.za.  |   |  |                      |                                      |                         |  |
| Upon receipt of your tax invoice, make payment referencing the corresponding invoice number and email proof of payment.  |   |  |                      |                                      |                         |  |
| Your registration will be confirmed by a receipt of payment.  BANKING DETAILS:   |   |  |                      |                                      |                         |  |
| Account holder: The Association of Arbitrators (Southern Africa) NPC   |   |  |                      |                                      |                         |  |
|  | Bank: First National Bank: Sandton City   | ank Ltd  | Current              | account number: 628 Branch code: 254 | 138 641 06              |  |
| Closing Date for   | ·   |  |                      |                                      | Cost Incl. Register     |  |
| Registration   | (12 March 2020), Sand   | (12 March 2020), Sandton, Adv Pierre Rossouw SC and Adv Kiki Bailey SC VAT |                      |                                      |                         |  |
|  | AoA/MBA/RICS/SAICE  |  | AOA/MBA/F            | RICS/SAICE/WISA Member               | = =                     |  |
| 11 March 2020  | /WISA Membership No.:   |  |                      | AoA Studei<br>Non-memb               |                         |  |
|  | Universitas Charlent No.  |  |                      | University Student/Pu                |                         |  |
|  | University Student No.:   |  | Adv                  | ocate/Candidate Attorne              | ey: R O                 |  |
| CREDIT CARD PAYMENT REQUEST:   |   |  |                      |                                      |                         |  |
| Please debit my cre  | dit card (please ✓ ):   | Visa:  | Master(              | Card: Expiry D                       | Pate: mm/yyyyy          |  |
| Cardholder's name  | (as it appears on the card):  |  |                      |                                      |                         |  |
| Card number:   |   |  |                      |                                      |                         |  |
| CCV number (last 3   | digits on the back of the card):  |  | Budget (please       | e ✓): Ye                             | es: No:                 |  |
| Budget Period:   |   |  |                      |                                      |                         |  |
| PERSONAL DETAILS:  |   |  |                      |                                      |                         |  |
|  | Chata was Eull Names as a   |  | : Please:            | for Automateur a Court Court         |                         |  |
|  | <ul> <li>State your Full Names as stated in your ID/Passport Document, for Attendance Certificate purposes;</li> <li>State your AKA Name (name by which you are commonly known) for Name Tag purposes.</li> </ul> |  |                      |                                      |                         |  |
| Title:   | ·   | · · · · · ·  | Physical Address:    |                                      |                         |  |
| Surname:   |   |  | •                    |                                      |                         |  |
| First Name:  |   |  |                      |                                      |                         |  |
|  |   |  |                      |                                      | Cada                    |  |
| Other Names:  AKA Name:  |   |  | Postal Address:      |                                      | Code:                   |  |
| ID/Passport No.:   |   |  | Postal Address.      |                                      |                         |  |
| Date of Birth:   |   |  |                      |                                      | Code:                   |  |
| Email:   |   |  | Tel. (Day):          |                                      |                         |  |
| Fax:   |   |  | Tel. (Evening):      |                                      |                         |  |
| INVOICE DETAILS:   |   |  |                      |                                      |                         |  |
| NOTE: In order to receive a VAT invoice, the details below must be completed in full. Mark "VAT Reg No." as "N/A" if the invoice is to be made out in your personal name and you are not registered as a VAT vendor. |   |  |                      |                                      |                         |  |
|  | invoice is to be made out in y  | our personal na  |                      | not registered as a VAT              | vendor.                 |  |
| Company:   |   |  | VAT No.:             |                                      |                         |  |
| Email:   |   |  | Tel. No.:            |                                      |                         |  |
| Physical Address:  |   |  | Postal Address:      |                                      |                         |  |
|  |   |  |                      |                                      |                         |  |
|  | Code:   |  |                      |                                      | Code:                   |  |
| CONFIRMATION:  |   |  |                      |                                      |                         |  |
|  | I accept the Terms and Con  | ditions of the Ass   | ociation of Arbitrat | ors (Southern Africa) NP             | C, as stated on page 2. |  |
| Signature:   |   |  |                      | Date:                                |                         |  |

## **TERMS AND CONDITIONS:**

Cancellation Policy **Payment Terms** 

The full event fee is payable if an attendee cancels less than 7 days prior to the training course. A substitute attendee is welcome up to 24 hours prior to the training course, provided the training course fee has been paid.

Payment of the event fee (or, if agreed by the AoA, the official purchase order) must be received by the AoA prior to the event. Each attendee must sign the Attendance Register and complete an Event Appraisal Form. The AoA reserves the right to refuse admittance to any of its events by any attendee who has outstanding moneys owing to the AoA.

Postponement of **Event** 

Part of the benefit of the AoA events comes from the interaction between attendees. Should the AoA believe that the number of attendees for any event is insufficient for this purpose, the AoA reserves the right to:

- Postpone the event to a later stage; and
- Refund in full any payments received from attendees should the attendees not wish to attend the event.

Non-variation / Relaxation

Any variation of these Terms and Conditions shall be of no force or effect unless expressly recorded in writing, signed by a

duly authorised representative of the AoA. The failure of the AoA to insist upon strict compliance with any of these Terms or Conditions shall not constitute a waiver of, or otherwise limit, any of the AoA's rights or remedies.

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The AoA's events and the notes handed out thereat are intended for general training purposes only and do not constitute professional advice.

Attendees agree that the AoA shall not be responsible for any injury to, or death of, any person or the loss or destruction of, or damage to any property on the AoA's premises, whether arising from fire, theft or any cause, and by whomsoever caused or arising from the negligence (gross or otherwise) or wrongful acts of any person in the employment or under delegation or instruction of the AoA.

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