REGISTRATION FORM



Process Safety Management Training

Personal & Employment Details								
Name: * (Initials)			S	urnan	ne: *			
ID No:								
Company Name:								
Job Description:								
Qualifications: (relevant)								
Venue (please indicate with X)	10–12 March 2025 Galagos Country Estat	te,				_	Ocean Br	larch 2025 reeze Hotel,
	Donkerhoek, Pretoria	ntact	Deta	aile			Strand, C	ape Town
Cell Phone No: *		ilaci			op No:	*		
Preferred E-Mail Ad	dress:				op 110.		ning related	communication)
G-Mail Address:* (For access to Google Classroom								
Dietary Requirements:								
Saiosh Membership								
Saiosh Member:	Saiosh South Afreen Huthete of Occupational Safety and Health	YI	ES				NO	
Saiosh Membership Nr. * (Please attach Certificate)								
Invoice Details								
Company Name & Address: * (responsible for paying invoice)								
Company VAT Registration No.: *								
Person responsible for payment:*								
Tel No.: *								
E-Mail Address: *								
	Terms	s & C	ond	ition	s			
 Payment mus if payment wa We reserve t Therefore, we You may cano Cancellations 	ure your seat, advanced boo at be made prior to or on the as not received) he right to cancel or pose advise delegates to only cel your registration in writ made within 5 days of the may be made without any	he day stpone settle t ting up the co	of the the ev their ac to 7 da urse da	course rent up commays bef	o to 7 da odation b ore the c	ys bef ill with ourse	fore the pl in this peri date.	anned date. od.
I acknowledge tha	t I understand and ac	cept t	he ter	ms ar	nd cond	itions	of my re	gistration.
Signature:			Da	ate:		<u></u>		
Please complete and ret	turn this registration form t	o: <u>eric</u>	<u>a@istec</u>	safety.	<u>com</u>			Page 1 of ¹