

REGISTRATION REQUIREMENTS

Registration will be treated on a first-come, first-served basis

ACCREDITED MEDIATION COURSE OFFERED IN THE GARDEN ROUTE

(Accredited by the University of Pretoria)

The following must accompany your completed registration form:

- 1 Copy of identity document**
- 2 Condensed CV**

Upon receipt of the above, an invoice will be issued by AFSA
(Payment due by 10 July 2024)

CONDITIONS:

- The number of applicants is limited and acceptance of suitable candidates will be on a first-come, first-served basis.
- In the case of insufficient applications, AFSA reserves the right to cancel the course as such. In this event, applicants will be informed and all fees will be refunded immediately.
- The course will take place at the Masters Room, Ground Floor, Dynarc House, 31 Courtenay Street, George.
- No refunds or cancellations will be allowed if cancelled less than two weeks before the date of commencement of the course. Replacement delegates are acceptable.
- Delegates are required to be in attendance for the full hours of the course. Delegates failing to do so may not be certified.

Please return the registration form to Jacques Malan: (Invoice to follow)

E-mail: admin@afsagardenroute.co.za

For further queries, please contact Jacques Malan at:

Telephone: 082 290 6133

REGISTRATION FORM

STUDENT INFORMATION

SURNAME:..... FIRST NAMES:.....
KNOWN AS:..... TITLE: Prof Dr Mr Mrs Ms Other.....
ID NUMBER:..... HOME LANGUAGE:.....
CELL NO.: E-MAIL:.....
WORK CONTACT NO.: HOME CONTACT NO:.....
POSTAL ADDRESS:.....
RESIDENTIAL ADDRESS:.....
.....
DIETARY REQUIREMENTS:.....

PAYMENT INFORMATION

Person/Institution responsible for payment of account (please ✓ one)

Self Company Other:

IF SELF

Title:..... Initials:..... Surname:..... ID Number:.....

Residential Address:.....
.....

Postal Address:.....

IF COMPANY

Company Name:..... V.A.T. Registration No.:.....

Contact person (accounts):..... Telephone No.:(Accounts):.....

Physical Address:.....
.....

Postal Address:.....

IF OTHER

Name of other:..... V.A.T. Registration No.:.....

Contact person (accounts):..... Telephone No.:(Accounts):.....

Physical Address:.....
.....

Postal Address:.....

REGISTRATION DETAILS AND COST

I hereby wish to register for the **ACCREDITED MEDIATION COURSE**.

Cost R14,000 incl. VAT

PAYMENT

Upon registration, an invoice will be issued with the necessary payment details.

DECLARATION AND UNDERTAKING

I declare that all particulars furnished on this Registration Form are true and correct.

I have read and agree to the conditions stipulated in this Registration Form.

Signature of Applicant

Date

Signature of person responsible for account

Date