

41 Fox Street, 14th Floor, Edura House, Johannesburg, 2000 Private Bag X10, Marshalltown, 2000 Tel: (011) 838-2010 Fax: (011) 838 - 2023

WORKSHOP ATTENDANCE CONFIRMATION FORM

Course Name:	Date of course:
Personal Details	
Surname	1
First name:	
ID Number:	
Office tel number	
Mobile number (required for flight	
arrangements)	
Office address	
Please tick:	Acting Permanent
Air Travel	
Airport of departure:	
Date of departure:	
Time of Departure:	
Date of Return:	
Time of Return:	
Frequent Flyer Number:	
Accommodation Required:	Yes No
Smoking	☐ Yes ☐ No
Date of arrival:	
Date of departure:	
Please specify dietary Requirements:	
Disability: if yes, please specify	
SAJEI will not provide accommodation for the venue.	or delegates staying within a 50km radius of
fourteen (14) days before the scheduled ev	requested travel/accommodation arrangements vent that I am attending. Failure to do so, I give recover from me the penalty and/or costs levied ver is applicable.
Name:	Approval of Cluster / Sub Cluster Head
Persal Number:	Signature:
Signature:	Approval of Head of Office:
	Signature: