

**PRINCIPAL OFFICERS ASSOCIATION
SUMMER TUTORIAL REGISTRATION FORM
15 & 16 FEBRUARY 2010**

**Venue: Midrand Conference Centre, 661 Pendulum Street,
Halfway House, Gauteng**

<i>Secretariat Use Only</i>	
Registration Number:	<input type="text"/>
Please return this registration form to: POA	
Telephone: 011X8056340	
Fax	: 011X805 2388
E-mail	: info@poa.org.za
Postal Address: PO Box 1193, Halfway House 1685	

DELEGATE ATTENDANCE INFORMATION Please provide information as you wish it to appear on your badge and in the list of delegates. A copy of this **ONE PAGE** registration form should be completed for each active delegate.

Title: Mr/Ms/Dr/Prof		Surname	
Postal Address		First Name	
		Fund / Organization	
Suburb		Designation	
Code		Telephone	
		Fax	
Cellular Phone Number		E-mail address	

DIETARY REQUIREMENTS

Indicate with a <input checked="" type="checkbox"/>	Halaal	Vegetarian	Kosher	Other(Specify)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REGISTRATION FEES: *The registration fee includes your registration pack, training manuals lunch on 15 & 16 February 2010*

DELEGATE CATEGORY Indicate with a <input checked="" type="checkbox"/>	FEE PER PERSON (All fees exclude VAT)					
	POA members & their trustees		Non-member		Service Provider	
Registration Fee*	R2 800		R 3 200		R4 000	
One day attendance	R1 800		R2 000		R2 500	
10% discount on the overall amount when 5 or more non-members from the same organization attend						
Service providers are allowed up to 2 representatives per employer						

ACCOMMODATION REQUIREMENTS

You are welcome to contact Fil of Venues on Line to assist with bookings in this regard:

E-mail: fil@venuesonline.co.za

Tel: (012) 207-1054 / Fax: 0866 4899 32

PAYMENT AND CANCELLATION DETAILS

1. Faxed or e-mailed documents will be regarded as firm bookings
2. Should you be unable to attend, we will accept your written cancellation by no later than 10 working days (5 February 2010) prior to the start of the Tutorials. Thereafter, we regret we are unable to refund any fees.
3. We will gladly welcome a colleague who would substitute your attendance. This must please be confirmed in writing.
4. Payment required upon issuing of an invoice by the POA.

INVOICING DETAILS FOR REGISTRATION FEES

Name of person or organisation to be invoiced		VAT registration number	
Contact person			
Telephone number		E-mail address	

By completing and returning this form, you agree to the payment terms and cancellation policy

SIGNATURE

Please RETURN this registration form on or before 3 February 2010 to:

Jabu Mngxekesa, info@poa.org.za or fax no: 011x8052388

***MEMBERSHIP REGISTRATION AND RENEWAL FOR 2010 OPEN ON 1 JANUARY 2010**

Fees: To be announced