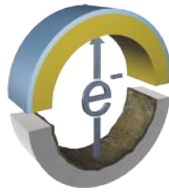


Registration Form



Return to: The Corrosion Institute of Southern Africa

Fax: +27 (011) 804 9474 or +27 (011) 804 4972, or

P.O. Box 966, Kelvin 2054

Course Name Course Date to
NACE Membership No. Non-member

YOUR DETAILS

Please print your name on the box below in English as you would like it to appear on NACE correspondence, certificates, wallet cards, and all other NACE records.

Surname Title Miss Ms Mr Other
Full First Names Initials
Preferred First Name
Identity No.

*If SA citizen, fill in your ID number, otherwise your Passport number

YOUR CONTACT DETAILS

Postal Address Home Address (Not a box number)

 Code Code
Work Phone + - Home Phone + -
include area code for SA and country/city codes for international include area code for SA and country/city codes for international
Fax Number + - Cellular Phone + -
include area code for SA and country/city codes for international include area code for SA and country/city codes for international
E-mail Address E-mail Address
Is English your first language? Yes No

YOUR QUALIFICATIONS

Highest Academic Qualification
Institution
Professional Association/Body

EMPLOYER/OCCUPATION DETAILS

Company/Institution Name
Department
Postal Address

 Code

PAYMENT DETAILS

Of the person/company (or representative), responsible for payment IF NOT PAID BY THE DELEGATE. After completion of this section, **an official order must accompany this registration**, failing which, the application will not be accepted.

ORGANISATION RESPONSIBLE FOR ACCOUNT

Organisation Name
Contact Name Position
*I/We hereby consent to the delegate's registration and hold myself/ourselves liable for the full payment of fees should the delegate be admitted.
Work Phone + - Fax Number + -
E-mail Address

Signature: _____ Date: ____/____/____

I hereby confirm that the information supplied on this form is correct and that I have read and agree to the conditions stipulated on this registration form. I accept personal responsibility for payment of the relevant fees as and when required, should the payment be returned by the bank.

Signature: _____ Date: ____/____/____

CONDITIONS

Headings are for convenience only and will not be used in the interpretation of these conditions.

AMENDMENTS

Unforeseen circumstances may necessitate the appointment of SPEAKERS other than those advertised. Event dates, time, and venue are SUBJECT TO CHANGE.

REGISTRATION

Proof of registration will be supplied.

The number of seats on each event is LIMITED and acceptance will be on a first come first served basis.

CANCELLATIONS

The Corrosion Institute of Southern Africa (CorrISA) reserve the right to cancel or postpone a course. Applicants will be informed and all fees will be refunded. Cancellations are accepted, IN WRITING and WITHOUT PENALTY, up to 14 days prior to date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement of the course will be liable for payment of full fees. NON-ARRIVALS will be liable for payment of the full fees. SUBSTITUTES will be accepted.

PAYMENT OF FEES

Course fees must be paid in FULL before date of commencement. NO cash will be accepted at registration on the date of commencement. CorrISA reserve the right to refuse admission, if proof of payment cannot be supplied. Proof of payment must be faxed to CorrISA prior to date of commencement. Any proof of payment, must reflect the payment REFERENCE as indicated on the proof of registration.

Cheques must be made payable to: The Corrosion Institute of Southern Africa

BANKING DETAILS

Bank: First National Bank	Account Number: 59210034002
Branch: North Rand	Branch Code: 25-08-55
Reference Number	Please fill in your surname, initials and telephone number