

## Registration form:

**First name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Mr / Mrs / Miss / Dr / Other:** \_\_\_\_\_

**Company / Organisation:** \_\_\_\_\_

**Position held / Title:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Cellphone Number:** \_\_\_\_\_

**Office Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Website address:** \_\_\_\_\_

**Company Vat. No. and name if invoice to be made out to this:** \_\_\_\_\_

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By signing this form below, I accept that the organiser, owners of the property, assistants or any other participants in this event accept no responsibility for any injury, loss, damage, or otherwise to my person or property during the training.

**Signature of attendee:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / **2021**

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Payment of R3,200.00 plus VAT (R3,680.00) per attendee to be made to:

Accident Specialist

Nedbank

Account Number: 1301 244 643

Branch Code: 13 01 26

**Please use your name as the payment reference**

Please email the confirmation of payment to: [admin101@accidentspecialist.co.za](mailto:admin101@accidentspecialist.co.za)  
[craig@accidentspecialist.co.za](mailto:craig@accidentspecialist.co.za)