

## 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:** \_\_\_\_\_

**Special Dietary Requirements or Allergies:** \_\_\_\_\_

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:** \_\_\_\_\_ / \_\_\_\_\_ / 2022

Payment of R4,500.00 plus VAT (R5,175.00 including VAT) 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 and email confirmation of payment to:**  
[admin101@accidentspecialist.co.za](mailto:admin101@accidentspecialist.co.za) or [craig@accidentspecialist.co.za](mailto:craig@accidentspecialist.co.za)