Registration form:

First name: _____

Surname: _____

ID Number _____

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: _____/_____/ **2026**

Payment of R5,500.00 plus VAT (R6,325.00 including VAT) per attendee to be made to:

Accident Specialist
Bank: Nedbank
Account Number: 1301 244 643
Branch Code: 13 01 26
Type: Cheque

Please use your name as the payment reference and email confirmation of payment to:
admin101@accidentspecialist.co.za