TAALSENTRUM
LANGUAGE CENTRE
IZIKO LEELWIMI

UNIVERSITEIT
STELLENBOSCH
UNIVERSITY

REGISTRATION FORM
Attention: Audrey Poole
Tel: 021 808 2167
Fax: 021 808 3676
e-mail: taalsentrum@sun.ac.za

Workshop registration form

SU Language Centre 2016

Complete your personal details

Title ..... Name ..... Surname .....

Initials .....

Nationality ..... Ethnicity .....

ID ..... E- mail .....

Tel ..... Language .....

Cell no .....

Dietary req. *None / Halaal / Vegetarian*

Details of the workshop you wish to attend

Title ..... Date..... R.....

Title ..... Date..... R.....

Title ..... Date..... R.....

Discounted rate for attendance of all the workshop sessions R.....

The closing date for registration is 7 days before the workshop. If receipt of your registration is not confirmed by the closing date, please contact Audrey Poole.

Select your method of payment

☐ Invoice my company

☐ Private invoice

☐ Internal requisition (SU staff)*

**SU staff is entitled to a 10% discount*

For deposits: An invoice with bank details will be issued after your registration form has been received.

Provide the following information for your tax invoice (This section is compulsory for everyone except SU staff)

Payment: Private ☐ Institution ☐ Name of institution (if responsible for payment)

.....

VAT registration number of institution or ID number of private person .....

Address

Postal address .....

.....

.....

.....

Courier address .....

.....

.....

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Background

Highest Qualification achieved: ..... Year: .....

Currently Employed ..... SU Number (If SU Staff/Student) .....

Current Employer ..... Employer contact number .....

Complete the declaration

I accept that 50% of the registration fee will be levied if I cancel my registration after the closing date, and that the total amount will be charged if I do not attend the workshop.

Signature

Date