



## EPA & SARF REGISTRATION FORM



**Your company HR Manager/ Training Co-ordinator / Administrator details**  
(person responsible for payment- this is for invoice purposes)

|                           |  |
|---------------------------|--|
| NAME OF THE COURSE & DATE | <input type="checkbox"/> Gravel Road Design – 14&15 May 2018<br><input type="checkbox"/> DAC Surfacing Seals – 16,17 & 18 May 2018 |
| Title                     |  |
| Initials                  |  |
| First Name                |  |
| Last Name                 |  |
| Designation / Job Title   |  |

### Company Details

|  |  |
|--|--|
| Order Number                           |  |
| Company / Organization Name            |  |
| Branch or Section                      |  |
| Company Vat Reg. Number                |  |
| Postal Address Code –Box / Private Bag |  |
| City                                   |  |
| Province / State                       |  |
| Postal Code                            |  |
| Country                                |  |

### Contact Information

|                       |  |
|-----------------------|--|
| Phone Number          |  |
| Fax Number            |  |
| Cell Number           |  |
| Email Address         |  |
| Confirm Email Address |  |
| cc Email Address      |  |



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| 1 Please confirm the Delegate Details below |  |
|---|--|
| Title                                       |  |
| First Name                                  |  |
| Last Name                                   |  |
| ID / Passport No:                           |  |
| Designation / Job Title                     |  |
| <b>Contact Information</b>                  |  |
| Phone Number                                |  |
| Fax Number                                  |  |
| Cell Number                                 |  |
| Email Address                               |  |
| <b>Special Dietary Requirements</b>         |  |
|   |  |
| 2 Title                                     |  |
| First Name                                  |  |
| Last Name                                   |  |
| ID / Passport No:                           |  |
| Designation / Job Title                     |  |
| <b>Contact Information</b>                  |  |
| Phone Number                                |  |
| Fax Number                                  |  |
| Cell Number                                 |  |
| Email Address                               |  |
| <b>Special Dietary Requirements</b>         |  |
|   |  |



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### CONDITIONS OF REGISTRATION

- a) Applications will be dealt with on a 'first come, first served' basis. Priority will be given to applications for which payment is received before the course starts.
- b) Registration form can be emailed to us. If payment is made electronically please email the deposit slip to [epa@africaonline.com.na](mailto:epa@africaonline.com.na) Payments are to be made out to Engineering Professions Association of Namibia. A 10% increase in course fees will be applicable for all payments received after completion of the course. **Late registration will only be accepted with proof of full payment submitted with the registration form.**
- c) EPA Members only qualify for the Membership fees if their annual subscriptions are paid up-to-date.
- d) Cancellation of delegate registration will be accepted up to two weeks prior to commencement of the course. A levy will be charged to cover the administration costs. Cancellation at a later stage will not qualify for a refund of fees, except in exceptional circumstances. Substitute delegates are acceptable.
- f) The SARF reserves the right to cancel the course in the event of unforeseen circumstances. All applicants will be informed and only course fees paid will be refunded.
- g) Delegates should advise us if they have any special preference regarding meals, e.g. Halaal, vegetarian, etc.
- h) Delegates must sign the attendance register each day of the course to get the full CPD validation points.

- i) Please indicate if you require wheel chair access into the venue.

### REGISTRATION AND ENQUIRIES

**The application form, with the necessary payment, and all enquiries should be directed to:**

Engineering Professions Association of Namibia

Tel: 061 223009

E-mail : [epa@africaonline.com.na](mailto:epa@africaonline.com.na)

#### **EPA Banking Details:**

Engineering Professions Association of Namibia

NEDBANK

Account no: 11010004723

Branch – Hidas (Branch code 461696)

Transactional Account

- ii)

Web Site: [www.sarf.org.za](http://www.sarf.org.za) / [www.engineers-namibia.org](http://www.engineers-namibia.org)

**I Accept these terms and conditions by ticking the box**

**SIGNATURE.....**