

## 2025 Conformance Week

Please Provide Course Name and Date as reference (one location per form)

DATE	LOCATION	COURSE
	Johannesburg	Conformance Session

Company Name: \_\_\_\_\_ ECB Number: \_\_\_\_\_

Course Fees: ☐ ECB Active Member (R3000) ☐ Non-Member (R5000) Vat Number: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Tel: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

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

Delegates Full Names – Please Include ECSA Registration Number For Each Delegate who Requires A CPD Certificate:

1: \_\_\_\_\_ 3: \_\_\_\_\_  
2: \_\_\_\_\_ 4: \_\_\_\_\_

Any special dietary requirements : \_\_\_\_\_

### TERMS & CONDITIONS

#### PAYMENT METHOD: EFT/BANK DEPOSIT

Name & Bank: ECB - FNB Ranparkridge

Account Number: 62874322630 Branch Code: 250655 -

Please Use Invoice Number As Reference

**DISCOUNTS** - A 10% discount will be allowed for group bookings of 5 or more delegates at the same seminar

**Payment Terms** - The seminar fee shall be due after the invoice is issued. Please ensure that the information on your booking/registration form is correct.

**Cancellation Policy** - A full refund will be provided for cancellations more than 14 working days before the commencement of the seminar. The full seminar fee is payable if a delegate cancels less than 7 days prior to the seminar. A substitute delegate is welcome up to 48 hours prior to the seminar provided seminar fees have been paid.

Payment of the seminar fee must be received at no more than 5 (five) working days after completion and signature of this form.

**Postponement of Seminars** - Should the ECB feel that the number of delegates for any given seminar is inadequate for this purpose, then the ECB reserves the right:

- to postpone the seminar to a later stage, and
- to refund in full any payments received from delegates should the delegates not wish to attend the future seminar.

The ECB will make every effort to be flexible with our delegates if there are unforeseen circumstances, which may prevent a delegate attending a seminar. If you notify us we will do our best to accommodate you on future courses.

**PLEASE NOTE:** IF YOU DON'T ADVISE US THE FULL SEMINAR FEE WILL BECOME DUE UNDER OUR BOOKING TERMS AND CONDITIONS.

By completing and returning this registration form, you hereby agree to our terms and conditions as stated above.  
I am duly authorized to sign this registration form on behalf of the company:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Email completed registration form to: [conformanceweek@ecb.org.za](mailto:conformanceweek@ecb.org.za)