

# IR SEMINAR REGISTRATION FORM

**PLEASE USE A SEPARATE FORM FOR EACH DELEGATE**

| SEMINAR   | DATE   | REGISTRATION FEE (VAT incl)   |
|---|--|---|
| <b>HANDLING<br/>INCAPACITY IN THE<br/>WORKPLACE</b> | <b>Thursday<br/>27 June 2024<br/>(10:00-12:00)</b> | RMI Delegate:<br><b>R 575</b><br>For every additional RMI Delegate, utilizing<br>the same RMI Member Number:<br><b>R285</b><br>Non-RMI Delegate (Not an RMI Member):<br><b>R1 150</b> |

|  |  |
|--|--|
| NAME OF DELEGATE   |  |
| JOB TITLE OF DELEGATE  |  |
| ID NUMBER OF DELEGATE  |  |
| FOR B-BBEE TRAINING RETURNS,<br>KINDLY INDICATE WITH AN "X": | Black <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/><br>Female <input type="checkbox"/> Male <input type="checkbox"/><br>Abled <input type="checkbox"/> Disabled <input type="checkbox"/> |
| NAME OF COMPANY/BUSINESS                                     |  |
| RMI MEMBERSHIP NUMBER  |  |
| PROVINCE   |  |
| TEL NO:  | CEL NO:  |
| EMAIL ADDRESS  |  |
| NAME OF CONTACT PERSON                                       |  |
| SIGNATURE  |  |

**KINDLY RETURN THIS FORM TOGETHER WITH PROOF OF PAYMENT OF THE REGISTRATION**

**FEE BEFORE THE CLOSING DATE OF 26 JUNE 2024**

**TO: Thobile.Gamede@rmi.org.za**

We look forward to seeing you there.

