

# IMPORTANT

## COMPLETING THE FORM

1. Please read and accept the terms and conditions.
2. All fields must please be completed.
3. Please write legibly.

## SUBMITTING THE FORM

Please fax or scan and email signed form to [training@inboxfiling.co.za](mailto:training@inboxfiling.co.za) or fax 086 550 7049.

## PAYMENT

Registration will be confirmed once the workshop fees have been received. Workshop fees are payable 7 working days before the workshop commences.

Proof of payment should be faxed or emailed to the above contact details.

T'S & C'S Apply

## BANK DETAILS

Inbox Filing Solutions  
Bank: First National Bank  
Branch: Somerset Mall  
(South Africa)  
Branch code: 200912  
Account number:  
62244783264  
Account type: Business  
Transact (Cheque)

# REGISTRATION FORM

## DETAILS OF THE ORGANISATION RESPONSIBLE FOR THE ACCOUNT

Order Number	
VAT Number (if applicable)	
Name of authorizing person	
Name of Office/Organization	
Postal address	
Physical address	
Tel. number	
E-mail address	

## DETAILS OF THE DELGATE

Name & Surname	
Title/Position	
Department/Office	
Tel. number	
Cell number	
E-mail address	
Special needs (e.g. hearing, visual disability, etc.)	
Birth Date	
Previous Records Management experience/training attended?	
Are you an ICAP member?	Are you attending for recertification of CPS/CAP points?

## DETAILS OF THE RECORDS MANAGEMENT (RM) WORKSHOP YOU ARE BOOKING

Workshop 1 RM: Introduction <input type="checkbox"/>	Workshop 5 Managing Record Keeping Risks <input type="checkbox"/>
Workshop 2 RM: Advanced <input type="checkbox"/>	Have you attended a RM Workshop before? <input type="checkbox"/>
Workshop 3 Effective Office Management <input type="checkbox"/>	Have you attended Workshop 1 or 2? <input type="checkbox"/>
Workshop 4 File Plan Development <input type="checkbox"/>	
Name of Workshop	Managing Record Keeping Risks
Workshop Date	05 <sup>th</sup> -09 <sup>th</sup> June 2016
In Company or Public training venue attendance	Cape Town

## ACCEPT THE TERMS AND CONDITONS

Signature	
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