



ARSC DELEGATE REGISTRATION FORM

Please print this form and complete legible. Scanned document should be faxed or emailed to the Railway Safety Regulator for the attention of **Ms Rachel Siteo**

Tel +27 012 848 3000/3141 | **Email:** rachels@rsr.org.za

Delegate 1

Full Name		Title	
Company		Position	
Phone		Fax	
Mobile		Email	
Postal Address		City	
Postal Code		Country	
Nature of Business?			
Any Dietary Requirements?	Yes	No	If yes, please specify

Delegate 2

Full Name		Title	
Company		Position	
Phone		Fax	
Mobile		Email	
Postal Address		City	
Postal Code		Country	
Nature of Business?			
Any Dietary Requirements?	Yes	No	If yes, please specify

Delegate 3

Full Name		Title	
Company		Position	
Phone		Fax	
Mobile		Email	
Postal Address		City	
Postal Code		Country	
Nature of Business?			
Any Dietary Requirements?	Yes	No	If yes, please specify

Delegate 4

Full Name		Title	
Company		Position	
Phone		Fax	
Mobile		Email	
Postal Address		City	
Postal Code		Country	
Nature of Business?			
Any Dietary Requirements?	Yes	No	If yes, please specify



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Delegate 5

Full Name		Title	
Company		Position	
Phone		Fax	
Mobile		Email	
Postal Address		City	
Postal Code		Country	
Nature of Business?			
Any Dietary Requirements?	Yes	No	If yes, please specify

Delegate 6

Full Name		Title	
Company		Position	
Phone		Fax	
Mobile		Email	
Postal Address		City	
Postal Code		Country	
Nature of Business?			
Any Dietary Requirements?	Yes	No	If yes, please specify

Delegate 7

Full Name		Title	
Company		Position	
Phone		Fax	
Mobile		Email	
Postal Address		City	
Postal Code		Country	
Nature of Business?			
Any Dietary Requirements?	Yes	No	If yes, please specify

Delegate 8

Full Name		Title	
Company		Position	
Phone		Fax	
Mobile		Email	
Postal Address		City	
Postal Code		Country	
Nature of Business?			
Any Dietary Requirements?	Yes	No	If yes, please specify



Rates

Please indicate which rate you will be paying

Standard Rate	R8,500.00 per person	
Early Bird Rate (until 01 April 2017)	R7,500.00 per person	
Late Booking Rate (from 20 April 2017)	R10,000.00 per person	
Total Amount		

Easy Payment Options

Direct Deposit

Bank:
Account Number:
Branch Code:
Reference: number:

ABSA Bank
4059370197
630805
Name of the
operator &
number of
delegates

Please Email proof of payment to:
rachels@rsr.org.za

ID Number:

Signature:

Payments: Upon receipt of the completed registration form, an invoice will be issued accordingly. Once an invoice has been issued, payment is expected. The registration fee is payable within **5 days** of registration. Upon receipt of payment, a confirmation will be sent to the delegate via email. Please note that admittance will only be allowed if registration has been paid in full.

Indemnity: If for any reason the RSR decides to amend this event, the RSR will not be responsible for covering airfare, hotel or any other costs incurred by delegates. Delegates hereby indemnify the RSR from any and all costs, damages and expenses, including legal fees, incurred by said delegates.