



REGISTRATION FORM

For

RISK MANAGEMENT SEMINAR

DATE: September , 2005

Please register the following participant(s) in the abovementioned Seminar

ORGANISATION:		
ADDRESS:		
NAME AND POSITION OF PERSON AUTHORISING REGISTRATION:		
AUTHORIZED SIGNATURE:		
TEL:	FAX:	
DATE:	EMAIL:	
NAME OF PARTICIPANT	TITLE	EMAIL
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I understand that the total amount payable is \$ _____

Enclosed is a cheque made payable to the:

PLEASE RETURN TO:
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NOTE: *Kindly ensure that fees are paid before or on the day of the Seminar*