ENTERPRISE RISK & CYBER SECURITY CONFERENCE

IN FINANCIAL SERVICES

11 & 12 NOVEMBER 2026

INDABA HOTEL FOURWAYS

EARLY BIRD DELEGATE REGISTRATION FORM

Please register the following delegates for the above conference:

Full Name: _____ Designation: _____ Email: _____ Cell No: _____

Full Name: _____ Designation: _____ Email: _____ Cell No: _____

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Full Name: _____ Designation: _____ Email: _____ Cell No: _____

Full Name: _____ Designation: _____ Email: _____ Cell No: _____

Full Name: _____ Designation: _____ Email: _____ Cell No: _____

Department: _____

EARLY BIRD DELEGATE REGISTRATION DETAILS

REGISTRATION FEE:
Normal registration fee: R9 800 + VAT = R11 270 p.p
Early bird registration fee: R7 800 + VAT = R8 970.5 p.p

2 Simple ways to register

Tel: 011 803 1553

E-mail: info@tci-sa.co.za

For more than 21 years, TCI has been a registered and preferred conference organiser for all major banks and financial institutions. Vendor details available on request.

PLEASE NOTE: Upon receiving the registration form, an invoice will be issued electronically. When payments are made, please supply the bank with your company name as reference. Fees include lunch, refreshments and conference documentation. The organisers reserve the right to make necessary changes to the programmes, speakers, venue or the dates should the need arise.

Presentations will only be available 10 days after the conference

CANCELLATIONS will only be permitted within 5 days of registration. Thereafter your organisation will be held liable for payment of the full amount with no exceptions. Cancellations must be done in writing and forwarded to Trade Conferences International at info@tci-sa.co.za

NB: I hereby acknowledge that I have read and understood all the terms and conditions of registration, and have the authority to approve the registration

COMPANY NAME: _____ CONTACT PERSON: _____

COMPANY PHONE NO: _____ MOBILE NUMBER: _____

EMAIL ADDRESS: _____ PERSON DEALING WITH ACCOUNTS: _____ MOBILE NUMBER: _____

POSTAL ADDRESS: _____ CODE: _____

APPROVING MANAGER: _____ JOB TITLE: _____

EMAIL ADDRESS: _____ MOBILE NUMBER: _____

DATE: _____ SIGNATURE: _____ COMPANY VAT NO: _____ AMOUNT(Inc VAT): _____

PLEASE TICK THE BOX WHICH SERVES AS CONFIRMATION OF BOOKING: ☐ OR SIGNATURE: _____