12TH INSTALLMENT

Debt Collection Conference 2027

3 & 4 March 2027 | Indaba Hotel | Fourways, Johannesburg

EARLY BIRD REGISTRATION FORM

Please register the following delegates for the above conference:

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: _____

Company name: _____ Company VAT no: _____

Company tel: _____ Person dealing with accounts: _____ Designation: _____ Cell no: _____

Email address of the accounts person: _____

Company address: _____

_____

REGISTRATION DETAILS

REGISTRATION FEE:
Normal registration fee: R 8 800 + VAT = R 10 120 p.p
Early bird registration R 6300 + VAT = R 7245 p.p

Group discount registration:
3 or more delegates: R 7 800 + VAT = R 8 970 p.p
6 or more delegates: R 7 030 + VAT = R 8 084.50 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.

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

FULL AMOUNT TO BE PAID : _____ (Inc. VAT) DATE : _____

FULL NAME OF APPROVING MANAGER : _____ CELL NO. _____ DIRECT LINE : _____

DESIGNATION : _____ EMAIL : _____

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