THE INSURANCE INSTITUTE OF NAMIBIA

Course:

08h30 - 16h00

Selected Date:

VENUE TO BE ADVISED two week prior to the training session

MULTIPLE (GROUP) REGISTRATION

* Please complete ALL Sections in full
* Upon receipt of complete information, an invoice will be generated and submitted to the Contact Person specified
* Please use Invoice No as deposit reference

Section A	**Invoice Information**

Company:		Contact Person:	
Physical Address:			
Tel (Office):		Fax (Office):	
Email Address:		Cell No:	

Section B	**Delegate Information**

Surname	First Name	Position	Email

Section C	**Payment Information**

Mark registration type with with **X** :

IIN Member(s) Per Delegate	**(Incl VAT)**		Non Member(s) Per Delegate	**(Incl VAT)**	

* I enclose a cheque made payable to the Insurance Institute of Namibia
  or
* I enclose proof of direct deposit **(NB: Please use Invoice No as deposit reference)**

Banking Details:	Bank Name:	Nedbank Namibia Limited
	Branch Name:	**Hidas Centre**
	Account Type:	Current Account
	Account Name:	The Insurance Institute of Namibia
	Account Number:	11000067883
	Branch Number:	**461,030**

NB! Invoice will be sent upon receipt of registration form

Section D	**Declaration**

* I understand that submitting this form constitutes a registration for the above event.
* I acknowledge that the Insurance Institute of Namibia does not refund or substitute any fees paid for events and that I remain liable for payment if I fail to attend the event.

Signature: _____   Date: _____

Please note that venue capacity is limited and seats will be allocated upon receipt of completed registration forms only.

Please send completed Registration Form to : iin@iway.na