

## IR SEMINAR REGISTRATION FORM

**PLEASE USE A SEPARATE FORM FOR EACH DELEGATE**

| SEMINAR  | DATE   | REGISTRATION FEE (VAT incl)  |
|--|--|--|
| <b>THE ROLE OF THE HR PRACTITIONER IN THE MANAGEMENT OF DISCIPLINE</b> | <b>Tuesday 19 March 2024<br/>(09h00-10h30)</b> | RMI Delegate:<br><b>R 575</b><br>For every additional RMI Delegate, utilizing the same RMI Member Number:<br><b>R285</b><br>Non-RMI Delegate (Not an RMI Member):<br><b>R1 150</b> |

|   |  |
|---|--|
| NAME OF DELEGATE  |  |
| JOB TITLE OF DELEGATE                                     |  |
| ID NUMBER OF DELEGATE                                     |  |
| FOR B-BBEE TRAINING RETURNS, KINDLY INDICATE WITH AN "X": | Black <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/><br>Female <input type="checkbox"/> Male <input type="checkbox"/><br>Abled <input type="checkbox"/> Disabled <input type="checkbox"/> |
| NAME OF COMPANY/BUSINESS                                  |  |
| RMI MEMBERSHIP NUMBER                                     |  |
| PROVINCE  |  |
| TEL NO:   | CEL NO:  |
| EMAIL ADDRESS   |  |
| NAME OF CONTACT PERSON                                    |  |
| SIGNATURE   |  |

**KINDLY RETURN THIS FORM TOGETHER WITH PROOF OF PAYMENT OF THE REGISTRATION FEE BEFORE THE CLOSING DATE OF FRIDAY 15 MARCH 2024**

**TO: [brent.barichievy@rmi.org.za](mailto:brent.barichievy@rmi.org.za)**

We look forward to seeing you there.