

## **REGISTRATION FORM**

## PROFESSIONAL DESIGNATION MASTERCLASS 2025 (JHB)

INVESTMENT: R11750.00

(includes Registration, 2-year membership fees and Masterclass)

Please complete the details below and email to admin@opsa.org.za to secure your booking.

Job Title:		
Full Name:		
ID Number:		
Work Contact Number:		
Email Address:		
Dietary Requirements:		
Cell Number:		
Company:		
VAT Registration Number:		
Company Address:		
Date I would like to attend:	5-9 May 2025	11-15 August 2025
TERMS AND CONDITION	NS	
this date and an arrang applicable, and the delegate's signature registration and paymer.	gement has not been made, a 20% late legate will be moved to the next availa email to admin@opsa.org.za before 7 ss than 7 working days before the Massued on successful registration and prefore the Masterclass commences. The at no additional costs provided narrorg.za ates will not receive refunds of Master re with the Manager's signature on the ent is due on presentation of invoice.	working days of the Masterclass will be accepted. Sterclass will be liable for the full fee. Doof of payment must be emailed to The sterclass by are provided prior to the Masterclass by
l hereby ack	nowledge that I have read and ag	ree to the terms and conditions.
Signature of delegate: .		Date:

Date: .....

Signature of Manager: .....