

41 Fox Street, 14th Floor, Edura House, Johannesburg, 2000 Private Bag X10, Marshalltown, 2000 Tel: (011) 838-2010 Fax: (011) 838 - 2023

WORKSHOP ATTENDANCE CONFIRMATION FORM

Course Name:	Date of course:	
Personal Details		
Surname		
First name:		
ID Number:		
Office tel number		
Mobile number (required for flight arrangements)		
Office address		
Please tick:	Acting Permanent	

Air Travel	
Airport of departure:	
Date of departure:	
Time of Departure:	
Date of Return:	
Time of Return:	
Frequent Flyer Number:	

Accommodation Required:	Yes	No
Smoking	Yes	No
Date of arrival:		
Date of departure:		
Please specify dietary Requirements:		
Disability: if yes, please specify		

SAJEI will not provide accommodation for delegates staying within a 50km radius of the venue.

<u>Undertaking</u>

I will provide SAJEI with changes to the requested travel/accommodation arrangements fourteen (14) days before the scheduled event that I am attending. Failure to do so, I give consent to the Office of the Chief Justice to recover from me the penalty and/or costs levied by the service provider for no–show, whichever is applicable.

Name:

Approval of Cluster / Sub Cluster Head

Signature: _____

Persal Number: _____

Approval of Head of Office:

Signature: _____

Signature: _____