



## 2010 WSPIR FORUM

### CONFIRMATION FORM

NAME OF DELEGATE : \_\_\_\_\_  
NAME OF ORGANISATION : \_\_\_\_\_  
POSITION IN THE ORGANISATION : \_\_\_\_\_  
SKILLS DEVELOPMENT LEVY NUMBER: \_\_\_\_\_  
DATE AND REGION OF WORKSHOP : \_\_\_\_\_  
TEL NO : \_\_\_\_\_  
CELL NO : \_\_\_\_\_  
FAX NO : \_\_\_\_\_  
E-MAIL ADDRESS : \_\_\_\_\_  
SPECIAL DIETARY NEEDS : \_\_\_\_\_

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DO YOU HAVE A SKILLS DEVELOPMENT FACILITATOR IN YOUR ORGANISATION?

YES	NO
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If YES, provide NAME & SURNAME : \_\_\_\_\_  
CONTACT DETAILS : \_\_\_\_\_  
\_\_\_\_\_

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*Please note that cancellation of attendance must be forwarded to HWSETA 4 days before the workshop, failure to do so will result in all liabilities incurred by HWSETA be transferred to you.*



**Please reply to: Luyanda Lokwe at the HWSETA offices**  
**Tel no: 043 743 6075 or 011 607 6936 Fax no: 086 666 6196,**  
**E-mail: [luyandag@hwseta.org.za](mailto:luyandag@hwseta.org.za)**