



The Application of the “Accident Compensation Act” and its Impact on Stakeholders

COURSE NAME


*The Application of the
“Accident Compensation
Act” and its Impact on
Stakeholders*


DATES & VENUE


*Dates: 20th & 25th
November, 2018*

*Venue: TBC
Lautoka & Labasa*

REGISTRATION FEE

 *1 day - \$200VIP per
participant
(financial member)*

 *1 day \$250.00VIP
per participant (non
financial-member)*

 *1 day \$300.00 VIP
per participant
(non- member)*

*(Limited to 30 places only
per session)*

REGISTRATION FORM

BUSINESS DETAILS

Company Name: _____
Phone Number: _____ Fax Number: _____
Postal Address: _____

PARTICIPANT 1 DETAILS

First Name: _____
Last Name: _____
Position Held: _____
Email Address: _____

PARTICIPANT 2 DETAILS

First Name: _____
Last Name: _____
Position Held: _____
Email Address: _____

PARTICIPANT 3 DETAILS

First Name: _____
Last Name: _____
Position Held: _____
Email Address: _____

CONFIRMATION OF NOMINATION

We hereby endorse the above nomination(s) to attend the above workshop and enclose our cheque in the sum of \$ _____

SUBMIT TO

The Chief Executive, FCEF, GPO Box 575, Suva
Cancellation Policy

If advised two days before closing date – 80% refund

If advised after closing date – no refund (unless a stand-by is able to fill the space)