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| **THE NATIONAL ASSOCIATION OF DEMOCRATIC LAWYERS**  **(NADEL)** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | SEMINAR REGISTRATION FORM | | | | | | | | | |
| NAME: | | | | | | | | | | | | SURNAME: | | | | | | |
| ID NUMBER | | | | | | | | | | | | EMAIL: | | | | | | |
| LAW FIRM: | | | | | | | | | | | | ADDRESS: | | | | | | |
| LAND LINE NUMBER: | | | | | | | | | | | | CELL: | | | | | | |
| Gender  (tick appropriate box) | | | | | | | | | | | | Male | |  | Female | | |  |
| Registered to write exam | | YES | | |  | | | NO | | |  | IF YES PLEASE SPECIFY which papers ………………………........................................... | | | | | | |
| NAME OF TRAINING:  (Please tick relevant paper below) | | | | | | | | | | | | | | | | | | |
| Paper 1 |  | | | | Paper 2 | | | | |  | | Paper 3 |  | | | Paper 4 |  | |
| Town training will be held | | | | | |  | | | | | | | | | | | | |
| Any dietary Requirements | | | Yes |  | | | NO | | | | | IF YES PLEASE SPECIFY | | | | | | |
| SIGNATURE: | | | | | | | | | | | | DATE: | | | | | | |
| **Please take note:**   1. Training is open for all legal professionals and is **NOT** restricted to Nadel members 2. NADEL reserves the right to cancel a seminar should the number of delegates not justify the costs involved. 3. Please ensure that you indicate on your form that name of the town of the training you wish to attend | | | | | | | | | | | | | | | | | | |
| Kindly direct all queries to [education@nadel.co.za](mailto:education@nadel.co.za), tell:0659851600 | | | | | | | | | | | | | | | | | | |