



Fire Protection Association of Southern Africa

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Website: www.fpassa.co.za

InFIREs SEMINAR 2024

12 June 2024

Venue: Gallagher Convention Centre, Midrand

Topic: Contemporary Fire Risk and Emergency Management

Registration time: 07:45 – 08:30

Registration fee: Members: Free; Non-members: R 600.00 per person

- **Corporate members qualify for 3 free seats and Individual member in good standing for a free seat at our Seminar.** (Please indicate membership information on registration form)

Seminar starting time: 08:30; Closing time: 15:30

The Fire Protection Association of Southern Africa is pleased to announce the annual InFIREs Seminar for 2024.

This is a crucial event for the fire and insurance industry, and will amongst other aspects, provide feedback on projects and representation in which the FPASA is involved, addressing highly topical issues of concern to the insurance industry.

The programme detailing the topics of the presentations and the exciting line up of guest speakers will be e-mailed in due course.

Don't delay - bookings closes on Friday, 29 May 2024.

Please note:

- There are only 100 seats available, first come first serve for bookings. FPASA reserves the right to accept/decline bookings.
- Lunch and refreshments will be served.
- Accommodation bookings and other expenses are the sole responsibility of the delegate.

Our Sponsor(s):



March 2024





InFIREs SEMINAR 2024 REGISTRATION FORM

TO: Fire Protection Association of Southern Africa
 Att: Marosi Sambo
 P O Box 15467
 1472. IMPALA PARK
 Tel: (011) 397 1618/9 E-mail: college@fpasa.co.za

Seminar Date: **12 June 2024**

Registration closing date: **Wednesday 29 May 2024**

Registration Fees: Members: **Free**

Non-members: **R 600.00 per person.**

Corporate members and individual members enjoy free access. Join as a Corporate member today to secure 3 seats or as an Individual member for 3 years to secure your seat at our Seminar and enjoy the same free access benefit.

Company:			
Postal Address:			
VAT Reg. No.:			
Tel. No.:		Cell:	
E-mail:			
Contact Person:			
Designation:			
FPASA Member:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Member Number

Want to be a member of FPASA? Email your request to reception@fpasa.co.za.

Surname	Initials	ID Number	Designation	Dietary Requirements

Please provide a copy of each delegate's ID with the application form

Signature: _____ Date: _____

