

WORKSHOP

ENROLMENT FORM

FAX OR E-MAIL COMPLETED FORM TO: Fax: 088 021 945 1595 • Email: info@dealtraining.co.za – *alternatively book online via our website*

- Please complete this Form in order to register delegates for the DEAL public courses/learning programmes.
- Please confirm receipt of all bookings with DEAL.

TERMS AND CONDITIONS:

- Cancellations will be accepted up to seven (7) days prior to the training, thereafter, the full fee as stipulated in the Tax Invoice, will be payable. Delegate substitutes are welcome, please inform DEAL in advance.
- Payment/PO Number must be received before the date of the event.
- A minimum of 5 delegates are required for a Public Course to proceed.

Course/learning programme description							
Date delegate(s) will be attending							
Company name:							
Company postal address:							
Contact person: Name and Surname							
Telephone	Code	Number			Fax	Code	Number
Mobile			Email address:				

Company Purchase Order Number	Company VAT Registration Number

Please complete this section for the delegate(s) who will be attending (for more than one learner this section can be copied):

Mrs/Miss/Mr/MS	Surname	Full names (as it will appear on the certificate)					
Identity Number (for certification purposes)							
Telephone	Code	Number			Fax	Code	Number
Mobile:			Email address:				
Terms of attendance: The learner will be participating in the assessment process at an additional fee as stipulated in the marketing document - Please indicate YES/NO							
Food preference:		Vegetarian	Kosher	Halaal	Other (please stipulate)		
I hereby agree with all the Terms & Conditions and that I am duly authorised to sign this booking form.							
Signature:			Date:				