



Training Enrolment Form

Company Name: _____

Company VAT number: _____

Contact Details

Authorising Contact: _____

Postal Address: _____

Job Title: _____

Email Address: _____

Telephone No: _____

Fax No: _____

Invoice Details

Invoice Contact: _____

Postal Address: _____

Job Title: _____

Email Address: _____

Telephone No: _____

Fax No: _____

Payment Details

Please select your method of payment

Order number: _____

Electronic Transfer:

Bank: ABSA Bank

Account: 9198651251

Branch: 632005

Account: Skillsdevelop

Cheque payment:

We unfortunately do not accept cheque payments

Course Details

Course Name: _____

Course Date: _____

Amount of delegates attending: _____

Dietary requirements: _____



Please note:

Payment terms are on or before attendance of courses.

Cancellations:

A cancellation can only be confirmed if we are advised in writing at skillstraining@webmail.co.za

- * For cancellations received more than two weeks prior to the course:
0% cancellation fee will apply.
- * For cancellations received ONE WEEK or less prior to the course:
50% cancellation fee will apply.
- * For cancellations received within 24 hours of the course:
100% cancellation fee will apply.

Substitutes are welcome at no additional charge at any time prior to the course.

Postponements:

Requests to postpone course attendance must be received in writing at least three full working days prior to the course commencement. Should we not receive written confirmation within this period; the postponement will be subject to an additional penalty fee of R1,000 (excl VAT) .

All course postponements or programme exchanges need to be utilised within 6 months of the original course booking or the course fee will be forfeited.

Cancellations on postponements or exchanges are subject to the full course fee

Absent Delegates:

In the event that a delegate does not arrive for the course and no written cancellation has been received and confirmed, the full course fee will be payable.

Presenters:

Should it be necessary, Skills for Business Development reserves the right to substitute the presenter.

I understand and accept the abovementioned terms and conditions and authorise the scheduled workshop to take place accordingly:

FULL NAME AND SURNAME: _____

POSITION: _____

SIGNATURE: _____

DATE: _____

Please return this form to:

Julie Cohen / Wilma Oosthuizen
Skills for Business Development
Fax: 086 600 3124 Phone: (012) 376 1043