

REGISTRATION FORM

Email: training@bpw.co.za

Details as per invoice

Company Name		
Postal Address		
VAT Registration No.		
Telephone No.		
Fax No.		
Email Address		
Contact Person		
Full Name	Job Description	Training Dates

Please advise us of any special dietary needs

NOTE:

No training will be given if payment has not been made prior to the date of the course.

No bookings will be made unless a signed enrolment form is received.

No refunds will be made against any cancellations.

Proof of electronic payment or a bank guaranteed cheque supplied with the enrolment form will be accepted.

MEANS OF PAYMENT:

Customers Signature: _____

Cash

Cheque

Electronic Transfer

Order number: _____

Order number not required: Y N

BANKING DETAILS: Nedbank

Account no: 1908271329

Branch: 190805

ENQUIRIES:

Tel: 011 680-1443 / 011 681-3300