

COURSE REGISTRATION FORM - FAX TO 086 295 2820 OR E-MAIL TRAINING@XYNAMIX.CO.ZA

Course Name: _____
Date of Course: _____
Fee: _____

DELEGATE INFORMATION

Title: _____
Name: _____
Surname: _____
Identity Number: _____
Job Title: _____
Company: _____
Skills Development Levy No: _____ Work Tel: _____
Work Fax: _____ Mobile Number: _____
E-mail Address: _____
Dietary Requirements: _____ Special Needs: _____

BILLING INFORMATION

Contact Person: _____
Contact Number: _____
E-mail Address: _____
Company Name: _____
VAT Registration Number: _____ Purchase Order Number: _____
Billing Address: _____

Postal Code: _____

AUTHORISATION

By submitting this booking form I hereby confirm that I have read, understood and accept the standard terms and conditions of Xynamix Training & Consulting (Pty) Ltd.

Name: _____
Designation: _____
Authorised Signature: _____ Date: _____