

Booking Form

Complete and Fax this form at 777 8 777 9

Training Course	Course Dates	With Subsidy <input type="checkbox"/>
		With No Subsidy <input type="checkbox"/>

Name of Company: _____

Address: _____ City: _____

Tel No: _____ Fax No: _____ Post Code: _____

Name of Attendees:

NAME	SURNAME
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____

Stamped & Signed: _____ Dated: _____

Cancellation: The course/seminar will be cancelled if the numbers or participants are less than the minimum number required. In this case you will be notified at least 3 days before commencement of the course/seminar.