## EDUTEL GROUP OF COMPANIES: BOOKING FORM PLEASE SIGN and forward to ELSABE at: <u>EMAIL</u>: workshops@edutel.co.za

## WORKSHOP: DESIGN AND DEVELOP A LEARNING PROGRAMME TRAINING

CHOICE OF TOWN (JHB/DBN/CPT):	DATES OF WORKSHOP:		
NAME OF CANDIDATE:			
IDENTITY NUMBER:			
COMPANY, IF APPLICABLE:			
COMPANY VAT REGISTRATION	ON NUMBER, IF INVOICE REQUIRED: _		
POSTAL ADDRESS OF BODY	PERSON RESPONSIBLE FOR PAYMEN	NT:	
TEL NO's: (Work)	(Fax)		
(Home)	(Cell) _		
E-MAIL ADDRESS:			
PLEASE INDICATE (IF APPLIC	CABLE): HALAAL 🗌 VEGETARIA	NORMAL	CATERING
Cost of Programme:	4 Day Workshop	=	R7 750.00
<ul> <li>address).</li> <li>Balance to be paid before the</li> <li>Payment (or balance of payment)</li> <li>Proof of payment (deposit slip or Invoice number and date on Government Order Form: Defore the workshop.</li> <li>Letter of undertaking for payment</li> </ul>	ent) – Bank guaranteed cheques only. o or electronic transaction). Deposit slips or ele	ectronic transactions to re ents are to email through being paid by the employ	eflect the delegate's name the order form to Edutel yer – to be attached to the
HOW WILL YOU MAKE PAYM	ENT?		
DEPOSIT AT BANK   Do not forget to email your proof of p form.	BANK TRANSFER  ayment through – before the workshop commences		REDIT CARD   d, please apply for credit card
I hereby agree to and accept, that should I cancel my attendance on the programme within 7 working days prior to the programme commencing and/or I do not attend the programme, I will be liable for 50% of the programme fee.			
Signature of Candidate:		Date:	

Banking details are as follows: Account Name – Edutel Skills Development (Pty) Ltd, ABSA Bank, Horizon. Branch Code 630 841, Account Number: 405 349 8561

Details regarding times and directions to the venue will follow.