



DENEL CENTRE FOR LEARNING AND DEVELOPMENT

**ADVANCE AND TYPE TRAINING
REGISTRATION FORM**

Please complete and return to Thando Myendeki - Tel: +27 11 927-2811 / Fax: +27 11 927-2329 /
e-mail: thandom@dclid.co.za or Bill Pullinger - Tel: +27 11 927- 4559 / e-mail: billp@dclid.co.za

NB: Please bring along a copy of your identity document

Course name:	
Course date:	
Prof. / Dr. / Mr. / Ms.:	
First Name & Surname:	
ID no:	
Job Title:	
Company name and postal address:	
Tel. no:	
Fax no:	
Cell no:	
E-mail address:	
Course cost:	
Do you require a map to the venue?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require information on accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DIRECT DEPOSITS

The total amount due must be deposited directly into the following bank account:

Bank Name : First National Bank
Branch Code : 25-31-45
Account Number : 62064992326

TERMS AND CONDITIONS

1. All fees strictly payable prior to training unless alternative arrangements have been made with service provider.
2. Invoices will be generated on request after receipt of registration form.
3. Please fax your proof of payment to us prior to commencement of course.

4. You may cancel in writing up to 7 days before the course takes place.
5. Cancellations made within 7 days of the date of the course will be liable for the full fee.
6. Substitutions may be made without any penalty.

Authoritative Signature _____ Date _____

I hereby acknowledge that I have read and understand all the terms and conditions of my registration.

N.B Please note for 10 or more people special prices can be negotiated.