

BOOKING FORM

**Please complete IN DETAIL and return to:
Colleen Osorio Skills Development Consultancy
E-mail: cdosorio@mweb.co.za
Telephone: (011) 865 5538**

Course Name	Date	Price
COMPANY INFORMATION		
<i>If this is a PRIVATE booking, please indicate PRIVATE address and contact details</i>		
DETAILS OF PERSON MAKING THE BOOKING		
First name and surname		
Company Name / Private		
Company VAT REG NO		
Postal Address <i>NOT street address</i>		
Office land line number		
Mobile Number		
E-mail address		
Invoice to be marked for attention of who:		
Tel No & Email of this person		

Cancellation terms:

*Refund for bookings cancelled 10 working days prior to commencement of training: 50%
No refund for bookings cancelled 5 working days or less prior to commencement of training*

.....
Signature of person making the booking

DELEGATE(s) DETAILS (PLEASE PRINT)

<p><u>Delegate One:</u> First name and Surname: </p>	<p>Office Tel Number : Cell Number:</p> <p>E-mail Address :</p> <p>Disability and/or dietary requirements:</p>
<p><u>Delegate Two:</u> First name and Surname: </p>	<p>Office Tel Number : Cell Number:</p> <p>E-mail Address :</p> <p>Disability and/or dietary requirements:</p>
<p><u>Delegate Three:</u> First name and Surname: </p>	<p>Office Tel Number : Cell Number:</p> <p>E-mail Address :</p> <p>Disability and/or dietary requirements:</p>

Please note: *We do not serve any pork products but regrettably cannot cater for Halaal or Kosher requirements or special dietary requirements such as lactose intolerance, special diets, etc.*

Name of person authorized to approve this booking :

Designation :

Date :