

Candidate Registration Form

Year 2017



Note: a separate registration form must be submitted for each delegate.

Programme/Course name:	
Programme/Course Date:	

Delegate information (**Note:** If you do not have a South African identity number, please use your own national identity number, giving the nationality in the box provided below the number)

Title:		Surname:	
Tel. No.:		ID No.:	
Cell. No.:		Nationality:	
Fax No.:		E-mail:	
Special requests:			

Person responsible for payment of invoice:

Name		Email	
Company		Cell number	

Fax the signed form to: 086 604 6910. Tel: (011) 029 3594. E-mail: info@melatrendmconsultancy.co.za

Terms & conditions:

- Registration for this course will close at 16h30 on the Friday one full week prior to commencement of the programme.
- Payment must be made before the start of the training with proof of payment emailed to info@melatrendmconsultancy.co.za

Cancellation:

If written cancellation is not received at least five (5) working days prior to the start of any service you will be charged with the full amount.

All postponements (made within the required period) will only be accepted when accompanied by either a Doctor's note or an official company letter; failure to comply will result in cancellation fees being levied.

Programme changes: All prices and dates are subject to change without notice. Availability of places is on a first come, first served basis.

Signature.....Date:.....