

## TRAINING REGISTRATION FORM

Please enrol me for the \_\_\_\_\_ (course)

on \_\_\_\_\_ (date) taking place in \_\_\_\_\_ (venue)

<b>FIRST NAME (S)</b>		<b>TITLE (EG. MR, MS, DR)</b>		Tick gender		Male
						Female
<b>SURNAME</b>		<b>TICK RACE</b>	BLACK	WHITE	INDIAN	COLOURED
<b>ID NUMBER</b>						
<b>CAPACITY/ POSITION</b>						
<b>COMPANY FULL NAME</b>						
<b>COMPANY POSTAL ADDRESS &amp; POSTAL CODE</b>						
<b>COMPANY VAT NO</b>		<b>WHO WILL BE RESPONSIBLE FOR PAYMENT?</b>	COMPANY	SELF		
<b>PURCHASE ORDER NO.</b>						
<b>CONTACT DETAILS</b>						
TELEPHONE:		CELL:				
FAX:		EMAIL:				
<b>ARE YOU A CONSULTANT?</b>						
<b>DISABILITY</b>						
<b>INDUSTRY SECTOR/</b>						
<b>SPECIAL DIETARY REQUIREMENTS</b> e.g. vegetarian, halaal, kosher, other (please specify)						
<b>I HEREBY CONFIRM MY PARTICIPATION IN THE ABOVE MENTIONED TRAINING WORKSHOP:</b>						
SIGNATURE: _____ DATE: _____						
<b>FOR OFFICE USE ONLY</b>	<b>INVOICE NUMBER</b>					

### PLEASE NOTE:

A Tax invoice for the amount of R9,900.00 incl. VAT will be generated on receipt of the completed form for expert level training. We will confirm receipt of your registration form and contact you regarding payment procedures.

We will confirm receipt of your registration form and contact you regarding payment procedures. One-day introductory level training will not be invoiced.

Attention: **Sybil Rowles** Tel: 012 841 2519 Fax: 012 841 5039 Email: [srowles@csir.co.za](mailto:srowles@csir.co.za)

or **Phyllis Mogopudi** Tel: 012 841 2652 Email: [PMogopudi@csir.co.za](mailto:PMogopudi@csir.co.za)