



## Training Course Registration Form

Please complete this form legibly in block letters, and return, together with proof of payment, to fax (086 693 5189) or e-mail (training@cbosss.com)

<b>Surname</b>		<b>Name</b>	
<b>Title</b>		<b>Initials</b>	
<b>ID Number</b>			
<b>Work Telephone</b>		<b>Fax</b>	
<b>E-mail Address</b>		<b>Cell</b>	
<b>Physical Address</b>			
		<b>Town/City</b>	
<b>Postal Address</b>			
		<b>Town/City</b>	<b>Code</b>
<b>Dietary needs</b>			
<b>Food Allergies</b>			
<b>Employer</b>		<b>Position held</b>	
<b>Employer Postal Address</b>			
		<b>Town/City</b>	<b>Code</b>
<b>E-mail Address</b>		<b>Fax</b>	
<b>Company VAT nr (If employer is responsible for payment)</b>			

I would like to attend the following Training Course: (one form per delegate per course)

(please PRINT, clearly indicating the appropriate COURSE NAME, DATE and COST)

Course Name	Course Date	Course Cost	
		<b>14% VAT</b>	
		<b>SUBTOTAL</b>	
<b>I would like to apply for the following DISCOUNT(S):</b>	<b>Discount Rate</b>	<b>Applicable (circle)</b>	<b>Discount amount</b>
Early Bird Registration (registration and payment received 4 weeks before course start dates):	15%	Yes/No	
Bona Fide Student (please attach proof of Student registration at recognised higher education institution for current academic year):	10%	Yes/No	
Group discount (3 or more registrations from the same organisation, please submit group registrations simultaneously):	10%	Yes/No	
		<b>Total Cost</b>	

### COURSE DELEGATE:

I hereby confirm my attendance at the Training Course(s) indicated above and I accept the terms and conditions as specified on [www.cboss.com/training](http://www.cboss.com/training). I also confirm that I have obtained the necessary approval to attend the course where my course fees are to be settled by my employer.

\_\_\_\_\_  
Full names (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PERSON RESPONSIBLE FOR PAYMENT:

I hereby confirm that arrangements for payment for the above-mentioned course delegate are in place, and agree to the payment procedures as outlined on [www.cboss.com/training](http://www.cboss.com/training).

\_\_\_\_\_  
Full names (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date