

TRAINING BOOKING FORM

Company Details			
Company Name :			
Postal address:			
Tel:	Fax:	Location:	
Key Contact Person Details			
Title:	Surname:	Name:	
Current Position:			
Tel:	Fax:	Mobile:	
Email Address:			
Registered Delegates			
No.	Name & Surname	Tel	Email
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total due		
Number of Delegates	Fee Per Person(Excl. Vat)	Total due
	P2000.00	

To be completed by authorized official of the nominating company	
<p>I accept that the course fee is payable in advance. Joint Minds Consult reserves the right to refuse admission of the participant on the course if payment has not been received. I further accept that our company will be responsible for payment of the course fee.</p> <p>Please note that Cancellations or transfer requests must be made in writing (email, letter or fax) and reach Joint Minds Consult offices 20 working days (four weeks) prior to the course commencement date. All participants who cancel less than 20 working days before the course commencement date or who do not attend are liable to a penalty fee.</p> <p>I accept that the above conditions. Company Stamp</p> <p>Signed.....Position held.....</p> <p>Full Name.....</p>	



Research consultancy. Training workshop design/proposals. Online university student tutorials. Materials writing and development. Research & Project writing.

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