

LEARNER REGISTRATION FORM

Name of course/ conference		Date of course/ conference	
Nominating Organisation		Company VAT no	
Name of contact person at Organisation	Tel no.		
	Fax no.		
	Email address		
Physical address of Organisation			Code
Name of person dealing with accounts	Tel no.		
	Fax no.		
	Email address		

Please register the following delegate(s) for the following conference/course at the Graham and Rhona Beck Skills centre (Robertson).

Full Name & Surname	ID Number	Designation	Contact Details	Email

Please note: Fees include lunch, refreshments and conference/course documentation, The Graham and Rhona Beck Skills Centre reserve the right to make necessary changes to the programme and dates, should the need arise.

Cancellations: will only be permitted within 5 days of registration. Thereafter your organization will be held liable for payment of the full amount with no exceptions.

I hereby acknowledge that I have read and understood all the terms and conditions of registration, and have the authority to approve the registration.

Full name of authorising person	Designation	Signature	Date

Please fax your registration to (023) 626 1854