



Breakfast Workshop Registration Form

Please complete this form, sign and return to Fax: 086 619 9429

Course Details

Course Name: _____

Company Details

Company Name _____

Address: _____

Telephone: _____

Fax: _____

Contact Person: _____

Cellphone: _____

Email Address: _____

Participant Details**Participant One**

SURNAME:					
NAME & INITIALS:			TITLE:		
E-MAIL:					
ID NUMBER					
DIETARY REQUIREMENTS					
VEG		HALAAL		KOSHER	

Participant Two

SURNAME:					
NAME & INITIALS:			TITLE:		
E-MAIL:					
ID NUMBER					
DIETARY REQUIREMENTS					
VEG		HALAAL		KOSHER	

Participant Three

SURNAME:					
NAME:			TITLE:		
E-MAIL:					
ID NUMBER					
DIETARY REQUIREMENTS					
VEG		HALAAL		KOSHER	

Participant Four

SURNAME:					
NAME & INITIALS:			TITLE:		
E-MAIL:					
ID NUMBER					
DIETARY REQUIREMENTS					
VEG		HALAAL		KOSHER	

Cancellations

All cancellations on paid courses must be made in writing, and should reach us no later than 3 working days prior to the event. Should we not receive your written cancellations within the specified time, full fees will be charged. Alternate participants will be accepted.

Payment

Invoice Addressee: _____

Addressee Designation: _____

Authorative Signature: _____

Date: _____

Total Fees Due: _____

Date of Deposit: _____

*Once payment has been effected, please fax proof of payment to
086 619 9429*

Please remit payment to:

Bank: STANDARD BANK
Branch: MOWBRAY
Branch Number: 051001
Account Number: 071326332