

Delegate/ Learner Registration Form

Delegate Information	
First Name:	Surname:
Identity Number:	Gender:
Job Designation:	Organisation:
Tel (Work):	Cell:
Email Address:	
Training Course needed:	
Date Training is needed [from training calendar]:	
Payment Details/Instructions: <i>If different from above</i>	
Name & Surname:	Company Name:
Email Address:	Postal Address:
Payment Method (<i>Mark with an "X"</i>) -> Bank Deposit <input type="checkbox"/> EFT <input type="checkbox"/>	
Registration and Payment Terms and Conditions	
All fees must be paid prior to attending training.	
No refunds for missed attendance.	
No refund, for cancellations made 3 days before training date.	
Delegate Declaration	Sponsor Declaration
I have read and understand the above registration and payment terms and conditions as set out and hereby accepts these terms and conditions. <input type="checkbox"/>	I have read and understand the above registration and payment terms and conditions as set out and hereby accepts these terms and conditions. <input type="checkbox"/>
Name & Surname:	Name & Surname:
Date:	Date:
Signature:	Signature:

For office use:

Learner is accepted for the Training Course applied for: Yes No

If No; provide Reasons _____

IBRATSA Manager: _____

Signature _____

Date _____

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