

REGISTRATION FORM

To secure your place at this webinar – please complete and sign the following and email the booking form to info@globalbusiness.co.za

Our standard procedure is to acknowledge receipt of registration in writing.

If you have not received same, please contact us to confirm we have received your registration before incurring any additional expenses

Course Name:					Date:			
East London		Johannesburg		Port Elizabeth		Cape Town		Durban
Company Name :						Tel No:		
						Fax No:		
Postal Address:						Disability assistance needed:		
Physical Address:						Dietary requirements/ allergies:		
						*Additional costs may be incurred		
Vat no:					Purchase Order No:			
DELEGATE DETAILS								
	Delegate Name	ID Number	Email				Cell No.	
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2								
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10								

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<i>I acknowledge that I have read, understood and accept the Terms and Conditions (including Payment Terms) and hereby apply for registration on behalf of myself (if a single delegate) or on behalf of the undermentioned organisation which I am duly authorised to represent.</i>		
Name of Organisation:		Date:
Name of person responsible for Payment:		Email:
Job Title (specific):		
Signature:		
FEE EXCLUDING VAT PER DELEGATE (Please select an option)		COST/ DELEGATE
Course Name:		(excl. VAT)
Please indicate method of payment		EFT *Credit Card
HOW DID YOU FIND OUT ABOUT THIS COURSE?	E-mail:	Other (Please specify):
	GBS Website:	