

COURSE ENROLMENT FORM

Course Name: _____ Course Start Date: _____

Company Name: _____ Telephone No: _____

Contact Person: _____ Fax No: _____

Email Address: _____

Postal Address: _____

Name of Delegates to attend the above course:

Delegate's Name:	Cell No:	Email Address:

I have read and accept the “conditions of booking” applicable to the course and I am duly authorized to make the above booking with you on behalf of my company under the “conditions of booking” without alteration or amendment to them.

(Authorized Signature)

(Print Name)

(Company Stamp)

NOTE: Please Fax this Completed Form to CENTURION’S Training Department at: 011 704 3412 or email to sophy.kekae@centurionsystems.co.za or mirriam.mnisi@centurionsystems.co.za

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