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CADDMAN TRAINING - REGISTRATION FORM

BOOKING INFORMATION				INVOICING DETAILS			
COMPANY NAME			ORE	DER NUMB	ER		
CONTACT PERSON			FINANCE / ADMIN CONTACT PERSON				
POSTAL ADDRESS			VAT NUMBER				
			"		*		
TELEPHONE NUMBER		FAX NUMBER			E-MAIL ADDRESS		
COURSE – TITLE		No OF CANDIDATES		COURSE - DATES		COURSE FEES (Excluding VAT)	
		<u> </u>		 		i !	
TOTAL COSTS FOR TRAINING (Exclusive) R							
		DELEC	GATES			:	
FULL NAME						CELLULAR CONTACT NUMBER	
1							
2							
3 <u> </u>							
Where did you hear abou	ut us?						
•							
VERY IMPORTANT:		<u>1ts:</u>			_		
		EGAN	HALA			HER	
						ould payment as well as prod led from registration.	
THE ENROLMENT IS ACC		UNDERSTAN E RELEVANT				CANCELLATION OR POSTPONE	
	POS 7 ~ Less than Seve -3 ~ Less than Thre		s 45% of	Total Cour	se Fee		
Caddman (Pty) L	td reserves the right to re	schedule with s	seven (7) day	s notice, ba	ased on th	e minimum required attendees.	
SIGNATURE (Company or Individual)					D <i>A</i>	ATE	