

Course Selected			
Date Selected			
Surname of delegate			
Name			
Title (Dr/Mr/Ms. Etc.)	Male	Female	
Qualifications			
Job Title/ Position			
Identity Number			
PLEASE ATTACH A SCANNED COPY OF YOUR IDENTITY BOOK OR PASSPORT			
Name to be put on certificate			
Special Dietary Requirements			
Company VAT number		Personal Postal Address (Complete if you are responsible for payment)	
Employer/Company Name			
Postal Address			
Fax number	Cell No.		
Telephone number	e-Mail		
Invoice to be sent to			
<p>Quad Pharma c.c. Booking, Payment and Cancellation Terms and Conditions for training courses.</p> <p>Bookings Booking will only be confirmed on receipt of a completed Registration form signed by the delegate and a non-refundable deposit of 25% of the Total amount (inclusive of VAT). Provisional booking may be made and held for a period of 2 days pending the completed signed registration form, copy of identity document and proof of payment of the non-refundable deposit.</p> <p>Payment Payment in full is required 4 weeks prior to the course start date and if not received the booking will be cancelled and the deposit forfeited.</p> <p>Cancellation Cancellation 4 weeks or more before a course date will result in the loss of the non-refundable deposit. Cancellations within the 2-4 weeks preceding the course date will be subject to a 50% cancellation fee. Cancellation will not be accepted in the week preceding the course and the full course fee will be forfeited.</p> <p>Postponement. Postponement to a later course date may be accepted up to 4 weeks preceding the course. Postponement will be subject to the same penalties as cancellation in the 4 week run up period to the course start date.</p> <p>I confirm that I accept the terms and conditions of Booking, Payment and Cancellation as outlined above.</p>			
Signature of applicant _____		Date _____	
Payment to be made either by Direct Deposit or EFT and the proof of payment e-mailed to courses@quadpharma.com	Bank	First National Bank	
	Branch Code	257705	
	Branch Name	Eastgate	
	Account Name	Quad Pharma c.c.	
	Account number	55271202711	