

Course Selected			
Date Selected			
Surname of delegate			
Name			
Title (Dr/Mr/Ms. Etc.)	Male	Female	
Qualifications			
Job Title/ Position			
Identity Number			
Name to be put on certificate			
PLEASE ATTACH A SCANNED COPY OF YOUR IDENTITY BOOK OR PASSPORT			
Special Dietary Requirements			
Health issues or disability			
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. Bookings.</p> <p>All transactions made over a weekend will be deemed to fall into the following working week i.e. Monday to Friday. Quad Pharma cc is closed over weekends.</p> <p>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).</p> <p>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</p> <p>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</p> <p>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.</p> <p>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>Protection of personal information</p> <p>Quad Pharma cc takes the security of your personal information very seriously. We make every effort to protect your personal information from misuse, interference, loss, unauthorised access, modification, or disclosure. Quad Pharma cc has an obligation to apply due care in the management of personal information and comply with the legislation as it collects, processes, stores and destroys personal information records as part of executing business processes.</p> <p>I confirm that I accept the terms and conditions as outlined above.</p>			
Signature of applicant _____		Date _____	
Payment to be made by EFT and the pop sent to courses@quadpharma.com	Account name: Quad Pharma cc	First National Bank	
	Branch Code: 257705: Branch: Eastgate	Account No: 55271202711	