



INDIVIDUAL COURSE REGISTRATION & BOOKING FORM

**Please complete the form in full, and then fax to
086 519 0013 or E-mail to: bookings@professional.za.com**

Please complete one form PER COURSE required

Name of Course				
Course Date(s)				
Name of Delegate				
ID Number			Is ID Copy attached to the booking form?	
Job Description				
Telephone	Work:		Cellphone:	
E-mail				
Please indicate your Meal Preference	Vegetarian	Halaal	Kosher	Other
Please specify if you have any special learning requirements.				

Company/Individual Responsible for Payment				
Name of Company				
Postal Address			VAT Number	
			Order Number	
			Postal Code	
Contact Person for Accounts				
Telephone	Work:		Cellphone:	
E-mail				
Course Fee (Please include VAT)				

