



My Training Academy

Let's build your future together

Address: 285 Hendrik Verwoerd Drive
Tygerberg Hills,
Bellville, 7530

Tel: 074 976 6403/084 710 5291
Fax: 086 465 3357
Email: info@mytrainingacademy.co.za
Website: www.mytrainingacademy.co.za

COURSE REGISTRATION FORM			
Course Name			
Course Date			
Venue		Price (Inc Vat)	
Where did you hear about the course?			
LEARNERS DETAILS		ORGANISATION RESPONSIBLE FOR ACCOUNT	
Number of Learners		Organisation	
Title		Directorate	
Full Name		Postal Address	
Surname		Postal Code	
Gender		Vat Number	
ID Number		Training Coordinator	
Job Title		Name & Surname	
Telephone No.		Tel/Cell	
Cellphone No.		Email Invoice To	
Email		OrderNumber	
Disability			
Dietary Requirements			

PLEASE SEND A COPY OF YOUR ID ALONG WITH YOUR BOOKING FORM



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TERMS AND CONDITIONS

- My Training Academy must be notified in writing (info@mytrainingacademy.co.za) should a client wish to cancel/postpone a registration.
- Cancellations/postponements must be done no later than 7 days before a course starts.
- A cancellation fee may be levied for cancellations/postponements received later than 7 days prior to the course to cover costs incurred.
- It is the responsibility of the client to ensure that My Training Academy has received notification of any cancellations or postponements.
- Should you send fewer candidates than the number booked for you will need to pay for the number booked for originally.
- Payment for this course is required at the latest three working days before the course commences.
- Kindly e-mail your proof of payment. If a proof of payment is not received within three working days before the course starts it will be construed as a cancellation of your booking and the first clause will apply.

I, the undersigned approving authority, hereby declare that: (1) I have read and understand all the terms and conditions of this registration; (2) all the information provided in the Course Registration Form is true, correct and complete; (3) I have the necessary authority to approve this course registration. I further accept responsibility for full payment of the registration fee, without prejudice.

Name: _____

Designation: _____

Signed: _____

Date: ____/____/____