

2 DAYS PRACTICAL OD SKILLS WORKSHOP REGISTRATION FORM

Dates and Venue:

18 & 19 November 2010

3 LIBERTAS ROAD, LIBERTAS OFFICE PARK
BRYANSTON, JOHANNESBURG

PRICING: R4595.00 per delegate excl. vat – Limited Seats Book early to avoid Disappointment

Personal Details:

Tax Invoice for the attention of:

Title: Miss Mr. Mrs. Other

Name: _____ Surname: _____

Organization: _____

Address: _____

Designation: _____ Cell: _____

Vat Reg. No: _____ Tel: _____

Email: _____ Fax: _____

NUMBER OF DELEGATES ATTENDING :(photocopy to add more names)

1. Name & Surname: _____ Designation: _____
2. Name & Surname: _____ Designation: _____
3. Name & Surname: _____ Designation: _____
4. Name & Surname: _____ Designation: _____
5. Name & Surname: _____ Designation: _____

Method of Payment:

Full registration fees due and payable prior to the start of the workshop, 25% will be charged on all cancellations, substitutions will be accepted 1 week prior to workshop.

Electronic Transfer Cheque Payment Credit Card Other

Bank Details:

Linkage Southern Africa (Pty) Ltd

Bank: ABSA

Branch: 160 Jan Smuts

Account Number: 4068673910

Branch Code: 630356

Kindly fax proof of payment to: 086 637 8870 or 011 706 0284