

REGISTRATION FORM

On receipt of registration form, a quotation will be emailed to the company

Course and Level: _____

Preferred Date /s: _____



- Venue Choices: ☐ Our premises, Glenwood, Durban ☐ Online via TEAMS or ZOOM
☐ Your Premises ☐ Sicas Guest House, Durban
☐ Protea Hotel uMhlanga ☐ Your Premises
☐ Ballito Conference Venue
☐ Other area Conference Venue – Area: _____

Organisation's Details (Optional)

Company name:	Contact:
Dept:	Position:
Address:	
Postal Code:	Country:
Tel:	Email:

Delegate's Details

Attendee 1:	Title & Full Name:	
	Position:	ID Number:
	Cell:	Email:
Attendee 2:	Title & Full Name:	
	Position:	ID Number:
	Cell:	Email:
Attendee 3:	Title & Full Name:	
	Position:	ID Number:
	Cell:	Email:
Attendee 4:	Title & Full Name:	
	Position:	ID Number:
	Cell:	Email:

Payment Details	Terms and Conditions
Account Name: Sankin Computer Training Bank: ABSA Account Number: 405 808 7894 Branch Code: 630 326 Branch: Musgrave, Durban	Full payment to be received within 48 hrs of training start date. Cancellations charges: 1 – 15 days prior to course 100% POPI Act - Signature agrees that personal information shall be collected and kept with Sankin Computer Training and statutory bodies for the purpose of reporting and record keeping. Indemnity - Sankin Computer Training is hereby indemnified from any action / reason outside of the control of Sankin Computer Training for cancellation and is not held responsible for any costs, damages or expenses occurred. Sankin Computer Training, in such event, will endeavour to reschedule.
Authorisation Signature:	Date: