

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 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

Account Name:
Sankin Computer Training
Bank: ABSA
Account Number: 405 808 7894
Branch Code: 630 326
Branch: Musgrave, Durban

Authorisation Signature:

Terms and Conditions

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.

Date: