



Microsoft
CERTIFIED
Partner

ISV/Software Solutions



TRAINING COURSE ENROLMENT

A SEPARATE FORM MUST BE COMPLETED FOR EACH DELEGATE
ONCE COMPLETE, FAX THIS FORM TO 011 615 2361
PLEASE ENSURE THAT THIS FORM IS COMPLETED IN ITS ENTIRETY,
AND DONE SO LEGIBLY

Libwin
Library Systems

1. COURSE DETAILS

Date of Course			
Level of Course (mark with an X)	<input type="checkbox"/>	Beginner	
	<input type="checkbox"/>	Intermediate	
	<input type="checkbox"/>	Advanced	
	<input type="checkbox"/>	Textbook Management	

2. DELEGATE/ORGANISATION DETAILS

Organisation Name			
Organisation Tel. No.		Organisation Fax. No.	
Delegate Cell. No.		Delegate E-mail	
Delegate First Name			
Delegate Surname			

3. PAYMENT DETAILS (Prices Valid until 31ST MARCH 2019)

Course Fee (mark with an X)	<input type="checkbox"/>	Corporate	1,600.00
		15% VAT	240.00
		TOTAL	R 1,840.00
<input type="checkbox"/>	<input type="checkbox"/>	FET/Tertiary	1,300.00
		15% VAT	195.00
		TOTAL	R 1,495.00
<input type="checkbox"/>	<input type="checkbox"/>	School	1,000.00
		15% VAT	150.00
		TOTAL	R 1,150.00
Method of Payment (mark with an X)	<input type="checkbox"/>	Cheque	
	<input type="checkbox"/>	Direct deposit / bank transfer / EFT	
	<input type="checkbox"/>	Cash	
	<input type="checkbox"/>	Voucher	

4. SPECIAL DIETARY REQUIREMENTS

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5. PROCEDURE AND LOGISTICS

- Please fax the completed enrolment form to **011 615-2361 / 27 11 615 2361**
- You will not be officially enrolled on the course until this form has been received
- Courses will be confirmed **7 days** before the course date by means of fax
- Courses may be rescheduled with **7 days** prior notice should minimum class sizes not be reached
- Proof of payment (in the case of direct deposits, bank transfers or EFT), or payment (in the case of cheques or cash) **MUST** be supplied before the delegate will be admitted into the training lab.
- Should a delegate not be able to attend, they are welcome to send a substitute delegate in their place
- Cancellations **MUST** be received no less that **7 days** prior to the course date, otherwise the delegate and/or their organisation will be liable in full for the course fee
- Any delegates who do not attend the training without giving us the required notice as above will be liable for the full course fee
- Courses will be held at the advertised training venue.
- Courses registration will be from **08h30 to 09h00**
- Courses will start at 09h00 and conclude at 15h30, with breaks for refreshments and lunch (will be supplied)

I _____ and I/We _____
(the **Delegate**) (the **Organisation**)

hereby warrant that the information contained in this enrolment form is true and correct. I/We further acknowledge and agree to all terms and requirements listed in this enrolment form.

Signature : _____ Signature : _____
(the **Delegate**) (for and or behalf of the **organisation**)

Date : _____ Date : _____

FOR OFFICE USE ONLY

Date Received	
Allocated course	
Invoice	
Confirmation sent	
Present at registration	