



**Libwin**  
Library Systems



**Microsoft**  
CERTIFIED  
Partner

ISV/Software Solutions



## TRAINING COURSE ENROLMENT

A SEPARATE FORM MUST BE COMPLETED FOR EACH DELEGATE  
ONCE COMPLETE, E-MAIL THIS FORM TO EDWARD@LIBWIN.COM  
PLEASE ENSURE THAT THIS FORM IS COMPLETED IN ITS ENTIRETY,  
AND DONE SO LEGIBLY

### 1. COURSE DETAILS

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

### 2. DELEGATE/ORGANISATION DETAILS

<b>Organisation Name</b>			
<b>Organisation Tel. No.</b>		<b>Organisation Fax. No.</b>	
<b>Delegate Cell. No.</b>		<b>Delegate E-mail</b>	
<b>Delegate First Name</b>			
<b>Delegate Surname</b>			

### 3. PAYMENT DETAILS (Prices Valid until 31<sup>ST</sup> MARCH 2023)

<b>Course Fee (mark with an X)</b>	<input type="checkbox"/>	Corporate	2,000.00
		15% VAT	300.00
		<b>TOTAL</b>	<b>R 2,300.00</b>
<input type="checkbox"/>	<input type="checkbox"/>	FET/Tertiary	1,700.00
		15% VAT	255.00
		<b>TOTAL</b>	<b>R 1,955.00</b>
<input type="checkbox"/>	<input type="checkbox"/>	School	1,400.00
		15% VAT	210.00
		<b>TOTAL</b>	<b>R 1,610.00</b>
<b>Method of Payment (mark with an X)</b>	<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 may be rescheduled should minimum class sizes not be reached
- A course confirmation will be sent to delegates closer to the actual training date
- Invoices will be sent to delegates for processing and payment
- 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	