



Proto Aid Consultants and Training

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BOOKING FORM FOR TRAINING COURSES

This form should be completed, signed and returned by fax or email not less than 10 working days before commencement of the required training courses

DATE:		COMPANY:		
CONTACT PERSON:		POSITION:		
TEL:	FAX:	CELL:		
ADDRESS:				
TRAINING VENUE:				
COURSES	DATES	DELEGATES	STARTING TIME	VENUE
1.				
2.				
3.				
FOR OFFICE USE ONLY				
COURSE	FACILIATOR	No DELEGATES	TRAINING AIDS	
1.				
2.				
3.				

Delegates who are not available for confirmed courses, and who are not substituted on the scheduled days, will be charged for as though training had taken place.

I _____, have the authority to conclude this agreement and hereby confirm the above mentioned course/s

Signature _____

Date _____