



DALMOR

MEDICAL ADMINISTRATION TRAINING INSTITUTE
A DIVISION OF DALY MORGAN & ASSOCIATES

COURSE NAME: POPI AND YOUR MEDICAL PRACTICE

DATE OF ATTENDANCE (please tick the appropriate box below):

- 12th March – Goodwood, Cape Town
 29th March – Bryanston, Johannesburg

COURSE FEES: R 1850 per person ex VAT

TOTAL NUMBER OF DELEGATES ATTENDING:

1. DELEGATE DETAILS

First Name and Surname (as to appear on certificate): _____

Company Position: _____

Email: _____

Contact number: (w) _____ (c) _____

Dietary Requirements: Please select one of the following if applicable

- Halaal
 Vegetarian
 Diabetic

1. COMPANY / ORGANISATION DETAILS

Practice Name: _____

Practice number: _____ Discipline: _____

Postal Address: _____

_____ Postal Code: _____

VAT Reg number: _____

2. DETAILS

Upon completion of the booking form, a quotation will be sent for signature. Payment does need to be made in full before commencement of training.

PLEASE NOTE: No bookings will be accepted without a signed booking form.

Once received, a quote will be issued.

An invoice will be issued upon receipt of payment in full.

CANCELLATIONS OF TRAINING

Cancellations must be made at least 5 (five) days before training date.

DALMOR reserves the right to postpone a learning activity should the number of students not justify the costs involved. Registered attendees will be given reasonable notice of postponement of the course to a future date. No refunds will be given once the course fee has been paid, but you will be accommodated at a future course date.

I ACKNOWLEDGE THE TERMS AND CONDITIONS

Submission of this booking form constitutes acceptance of our terms and conditions, and also serves as confirmation of your authority to make the booking and ensure payment on behalf of your practice.

ALL COMPLETED FORMS ARE TO BE RETURNED TO DALMOR MEDICAL ADMINISTRATION TRAINING INSTITUTE VIA EMAIL TO: info@dalmor.co.za

Signed by (Name and Surname): _____ on _____

Signature: _____