



DALMOR

MEDICAL ADMINISTRATION TRAINING INSTITUTE
A DIVISION OF DALY MORGAN & ASSOCIATES

COURSE NAME: ADVANCED PRACTICE MANAGEMENT

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

- 28th February – Pretoria
- 19th March - Nelspruit
- 27th March – Johannesburg
- 11th April – Johannesburg
- 17th April – Rustenburg
- 21st May - Johannesburg

COURSE FEES: R 2500 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

2. COMPANY / ORGANISATION DETAILS

Practice Name: _____

Practice number: _____ Discipline: _____

Postal Address: _____

_____ Postal Code: _____

VAT Reg number: _____

3. DETAILS

Upon completion of the booking form, a quotation will be sent for payment.

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

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

Once received, a quote will be issued.

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: info@dalmor.co.za

Signed by (Name and Surname): _____ on _____

Signature: _____