

## **COURSE – FRONT DESK ADMINISTRATION**

## YOU WILL BE GRANTED ACCESS TO YOUR GOOGLE CLASSROOM ONCE PAYMENT REFLECTS

COURSE FEES: R 1950 per person ex VAT
TOTAL NUMBER OF DELEGATES:
1. DELEGATE DETAILS
First Name and Surname (as to appear on certificate):
Company Position:
Email (Gmail):
Contact number: (w)(c)
2. COMPANY / ORGANISATION DETAILS (IF APPLICABLE)
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.
ALL COMPLETED FORMS ARE TO BE RETURNED TO DALMOR MEDICAL ADMINISTRATION TRAINING INSTITUTE VIA EMAIL: <a href="mailto:info@dalmor.co.za">info@dalmor.co.za</a>
Signed by (Name and Surname):onon
Signaturo