



# DALMOR

MEDICAL ADMINISTRATION TRAINING INSTITUTE  
A DIVISION OF DALY MORGAN & ASSOCIATES

## COURSE NAME – PRACTICE MANAGEMENT FOR THE PRACTICE MANAGER

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

☐ 24<sup>th</sup> and 26<sup>th</sup> June– Johannesburg

☐ 9<sup>th</sup> and 10<sup>th</sup> July - Pretoria

Duration: 2 Days

Cost Per Delegate: R3000 pp 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.***

#### 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. If however, a course is postponed more than twice, you will be eligible for a 50% refund of your course fees.**

☐ **I ACKNOWLEDGE THE TERMS AND CONDITIONS**

Submission of this booking form constitutes acceptance of our terms and conditions and 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](mailto:info@dalmor.co.za)**

Signed by (Name and Surname): \_\_\_\_\_ on \_\_\_\_\_

Signature: \_\_\_\_\_

How did you hear about Dalmor?

\_\_\_\_\_  
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