

## **COURSE NAME - MEDICAL RECEPTIONIST COURSE**

DATE OF ATTENDANCE (please tick the appropriate box below):
2 <sup>nd</sup> April – Johannesburg
17 <sup>th</sup> April – Pretoria
29 <sup>th</sup> April – Durban
8 <sup>th</sup> May – Johannesburg
12 <sup>th</sup> May – Cape Town
25 <sup>th</sup> June - Pretoria
Cost Per Delegate: R2000 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
Signed by (Name and Surname):onon
Signature:
How did you hear about Dalmor?