



Directors
J. S. v/d Walt. / M. J. v d Walt
L A v d Walt

Chamberlink

Le-Martel Estate
2 Station Rd / Stasie weg 2
NIGEL
1491
WEB: www.chamberlink.co.za

Tel: (011) 814-7110
Tel: (011) 814-7111
Fax: (011) 814-8010

Booking Form

Company Name: _____ Date: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____ Order No: _____

I _____ in my capacity as _____ of the above mentioned company want to book the following person/s for training. I understand and accept the terms and conditions set out on page two.

Signature

Full Name

Course they would be attending: _____

Course date: _____

Particulars of Person/s attending:
Certificates will not be issued if spelling / writing is illegible. (Attach copy of I.D)

Full Name:

Surname:

ID Number:

Terms and Conditions

- Delegates reservation forms to be submitted 7 days before training. Forms available on our website, via e-mail, telephone or from our Consultants.
- Training will only take place if reservation forms has been completed and faxed or e-mailed to us at (011) 814-4335 or jorica@chamberlink.co.za.
- All training fees must be paid 48 hours before the training date.
- Cancellations 50% if cancelled les than 2 days from agreed training date/s.
100% if cancelled within 24 hours of agreed training date/s.
- Confirmation letters and Invoices will be e-mailed or faxed to each company 48 hours before training date/s.
- Chamberlink reserves the right to change/cancel/re-schedule training dates or venue without prior notification.

Please note: Do not make payments without an invoice. We will only confirm your booking once we receive the completed registration form.

Payment method (Please do not mail any payments)

Electronic Transfer or Direct Deposit

Account Name:	Chamberlink
Bank:	ABSA
Branch:	Nigel
Branch Code:	632005
Account No:	4056364501