



Course Director:
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APPLICATION FORM: PUBLIC SEMINARS

NAME: _____

I.D. NR: _____

COMPANY: _____

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POSITION: _____

HIGHEST SCHOOL QUALIFICATION: _____

ACADEMIC QUALIFICATIONS: _____

EXPERIENCE: _____

COURSE (S) YOU WISH TO ENROL FOR: _____

(Please indicate the date) _____

POSTAL ADDRESS: _____

TELEPHONE: _____ FAX: _____

CELLULAR NUMBER: _____

E-MAIL ADDRESS: _____

DATE: _____

SIGNATURE: _____

PLEASE NOTE: Any cancellation received with less notification than two weeks prior to the course date will result in your forfeiting the entire course fee. The course fee is payable in advance before attendance