



REGISTRATION FORM

Pretoria: 15th - 19th October 2018

		Pers	onal Deta	ils	
Participant name:			ECSA / SACAP:		
Name to appear on at	tenda	nce c	ertificate:		
Company:			V	AT number:	
Address:					
City:	Province: Postal Code:			Postal Code:	
Email address:					
Cell phone: Office phone:					
Dietary preference:	Yes				
			Please note may inc	ude additional cost	
		Cou	ırse Detail	S	
Please	e tick t	he cou	ırses days you	wish to attend	
Day 1: DesignBuilder Modeller					
Day 2: DesignBuilder Simulation					
Day 3: Using DesignBu		for SA	NS 10400-X	ζA	
Day 4: DesignBuilder I					
Day 5: DesignBuilder Advanced Modules					
Registration Policies					
 No refunds will be granted aft No refund will be granted to a In the event of sickness or injut No refund will be provided ur Greenplan Consultants reserved Upon registration an invoice of Fee payment must be receive Attendees acknowledge that administration of the training of protect attendees' privacy. 	ter the caparticing the caparticing the capartic the capartic the capartic the capartic they are course a	course h pant wh ands mu reques ight to h ent to th st 2 busi providi and issui	nas begun on Day no cancels later t ist be requested itor provides a re nandle a request ne participant fo iness days prior t ing their persona ing of certificates	than 2 business days prior to the start of in writing to Greenplan Consultants. eceipt showing proof of payment. on a case by case basis. r payment. to the start of course. Il details to Greenplan Consultants, for payments. Greenplan will take reasonable steps	proper to
Participant Signature:				Date:	