



REGISTRATION FORM

Pretoria: 15th - 19th October 2018

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<u> </u>	Per	sonal Detai	
Participant name: ECSA / SACAP:			
Name to appear on at	tendance	certificate:	
Company:	VAT number:		
Address:			
City:	Pro	ovince:	Postal Code:
Email address:			
Cell phone:	Office phone:		
Dietary preference:	Yes No	If yes pleas Please note may inclu	· · · · · · · · · · · · · · · · · · ·
Dleas		ourse Details	
Day 1: DesignBuilder		urses days you	wish to attend
Day 2: DesignBuilder]	
Day 3: Using DesignBu			A
Day 4: DesignBuilder			
Day 5: DesignBuilder Advanced Modules			
Registration Policies			
 No refunds will be granted af No refund will be granted to In the event of sickness or inj 	ter the course a participant warry, refunds manes the requestes the right to will be sent to	has begun on Day who cancels later the nust be requested it estor provides a reconduct the participant for	nan 2 business days prior to the start of cours n writing to Greenplan Consultants. ceipt showing proof of payment. on a case by case basis. payment.
Participant Signature:			Date: