



## **REGISTRATION FORM**

	Perso	nal Deta	ils			
Participant name: ECSA / SACAP:						
Name to appear on atter	ndance ce	ertificate:				
Company: VAT number:						
Address:						
City:	Provi	ince:	Postal Code:			
Email address:						
Cell phone:		Office p	hone:			
Dietary preference:	Halaal	Kosher	Vegetar	ian	Vegan	None
	C	D.t.:	la.			
Duardin as rub and attack	<u> </u>	rse Detail		<u> </u>	Court	
Province where attending: Western Cape Gauteng  Please tick the courses days you wish to attend						eng
		ses days you	i wish to at	teno		
Day 1: DesignBuilder Mo						
Day 2: DesignBuilder Sim		VIC 10100 V	/ A			
Day 3: Using DesignBuild		NS 10400-7	KA			
Day 4: DesignBuilder HVA						
Day 5: DesignBuilder Adv	<i>l</i> anced ivi	odules				
Registration Policies REFUNDS: By registering for a progra 1) No refunds will be granted after t 2) No refund will be granted to a par 3) In the event of sickness or injury, 4) No refund will be provided unless 5) Greenplan Consultants reserves t 6) Upon registration an invoice will t 7) Fee payment must be received at 8) Attendees acknowledge that they administration of the training course protect attendees' privacy. You give fail to pay us timeously, you also give	the course has rticipant who refunds must the requesto he right to ha be sent to the cleast 2 busin are providing e and issuing	s begun on Day cancels later to the requested or provides a re andle a request e participant for ess days prior g their persona of certificates.	y 1. han 2 busine in writing to eceipt showin on a case by r payment. to the start o al details to G Greenplan we	ss day Greer og pro case f the of reenp vill tak tails v	ys prior to the organization consulting properties of the properti	ne start of con Itants. nt. ants, for prop le steps to suilder UK. If
Participant Signature:				Date	··	