



## **REGISTRATION FORM**

Western Cape: April/May 2019 (TBC)

**Gauteng: October 2019 (TBC)** 

(Please <u>circle</u> applicable region above)

	Per	sonal Deta	ails			
Participant name: ECSA / SACAP:						
Name to appear on atte	endance	certificate:				
Company: VAT numb				er:		
Address:						
City:	r: Province:			Postal Code:		
Email address:						
Cell phone:	phone: Office phone:					
Dietary preference:	Halaa		Vegetar	ian Vegan	None	
	Co	urse Detai	ils			
Province where attending:		Western Cape		Gauteng		
Please t	ick the co	urses days yo	u wish to at	tend		
Day 1: DesignBuilder M	odeller					
Day 2: DesignBuilder Sin	mulation					
Day 3: Using DesignBuil	der for S	ANS 10400-	XA			
Day 4: DesignBuilder H\	/AC					
Day 5: DesignBuilder Ad	lvanced	Modules				
Registration Policies REFUNDS: By registering for a progation of the granted after 2) No refunds will be granted to a page 3) In the event of sickness or injury 4) No refund will be provided unler 5) Greenplan Consultants reserves 6) Upon registration an invoice will 7) Fee payment must be received 8) Attendees acknowledge that the administration of the training controlled the provided attendees acknowledge that the administration of the training controlled the provided attendees acknowledge.	the course articipant v y, refunds m ss the reque the right to I be sent to at least 2 bu ey are provi	has begun on Dayho cancels later nust be requested estor provides a handle a request the participant fusiness days prior ding their persor	ay 1. than 2 busine d in writing to receipt showing to on a case by or payment. r to the start o hal details to G	ss days prior to to Greenplan Consu g proof of paymo case basis. f course. reenplan Consul	he start of course ultants. ent. tants, for proper	
Participant Signature:				Date:		