

	Document Name	Delegate Booking Form
	Document Ref	MATA-CON-022
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Delegate Full Name: _____

Date: _____

ID Number: _____

Attach copy of ID with booking form.

Address: _____

Mobile: _____

E-mail: _____

Course: _____

Dates: _____

Company: _____

Position: _____

Details of special requirements (physical, dietary, etc.) _____

May we email you on a monthly basis with course information:

Yes / No

PLEASE COMPLETE THE FOLLOWING FOR INVOICING PURPOSES.

Company responsible for payment: _____

VAT Number: _____

Postal Address of Company: _____

Contact Person: _____

Telephone: _____

Fax: _____

Mobile: _____

E-mail: _____

TERMS & CONDITIONS

The following terms will apply:

- o No seats will be reserved unless Mega Aero Training Academy receives a signed booking form and an invoice has been issued.
- o Mega Aero Training Academy reserves the right, due to circumstances beyond our control, to change speakers and dates.
- o The signed booking form is a legally binding document.

CANCELLATIONS

All cancellations made 1 week prior to date of the above-mentioned event will be subject to a 50% cancellation fee. Cancellations made within 1 week of date of the above-mentioned event, will be subject to a 100% cancellation fee.

Mega Aero Training Academy will not be held liable for travel, accommodation. The course includes: course materials and refreshments.

For Office use:

Course code	_____	Course Fee	_____
Dates	_____	Receipt No.	_____
Venue	_____	Confirmed	_____