



.....*superior in value creation*

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 email: training@expovalueconsulting.com

REGISTRATION FORM FOR ALL COURSES

DETAILS OF CLIENT ORGANISATION

Company Name.....Physical Address

.....Postal Address.....

Email.....

Telephone.....

Fax.....

Cell.....

Please reserve places for the following delegate(s) to the course(s) indicated below

<u>DELEGATES' NAMES</u>	<u>DESIGNATION</u>	<u>COURSE TITLE</u>	<u>DATE</u>
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REGISTRATION CONDITIONS

- This registration form , once completed , signed and received by this organization , shall be considered as a contractual document that obliges Exponential Value Consulting to render the required services and your organization to promptly fulfill payment responsibility
- Unless where client has made special payment arrangements with Exponential Value Investments CC, all payments must be made in full before the commencement of the training programmes
- Cancellations must be made in writing and received by Exponential Value Consulting not later than 5 working days before the program starts and your fees will be refunded less 20% administration fees. If cancellation is received less than 5 working days before the program starts, no refund will apply, although a substitute delegate will be permissible
- Mail completed registration form to training@expovalueconsulting.com or fax 061 401349

Approved by:.....

Designation:.....

Signature.....

Date.....