

Registration No: 2003/022355/25
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Atlegang Consulting
We don't just consult, we serve with a passion!

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LEARNER REGISTRATION FORM

Title of the Workshop			
Dates of the Workshop			
Title (M/Ms/Mrs)		First name	
Surname			
Address			
City			
Postcode			
Telephone 1		Telephone 2	
Mobile		Fax	
E-mail address			
Date of birth			
ID Number			
Nationality			
Special requirements (dietary, medical, etc.)			
Languages spoken			
Languages understood			
Other information you would like to mention			
Are you currently employed? If yes provide Organisation Name			
Postal Address			
City			
Postcode			
Name/contact of organisation			
Contact number			
Which are the main activities in your organisation?			
What are your learning needs for this workshop?			
Experience ito. subject / course			
Motivation to participate in this workshop			

Attach the following documents to this:

1. Copy of your ID
2. Proof of payment

Terms and conditions:

1. You will not be able to attend the workshop, if there is an outstanding amount on your account.
2. Cancellations are accepted in writing and without penalty, up to 14 days prior to date of commencement.
3. Learners cancelling less than 14 days prior to date of commencement of the programme will be liable for payment of full fees. Non-arrivals will be liable for payment of full fees.