

GROUP COURSE BOOKING FORM

Kindly complete the following and return to SAS Institute as soon as possible.

REQUIRED :	DETAILS:
<u>VAT REGISTRATION NO.</u>	
COMPANY NAME	
COURSE TITLE	
COURSE DATE	
NO. OF ATTENDEES	

Booking Contact e.g. Manager/Secretary		Invoice Contact (Person responsible for payment of invoices)	
Name		Name	
Pre-paid Order No.		Dept.	
Dept. Name / Code		Postal Address	
Payment Option (Please tick relevant box)	PRE-PAID <input type="checkbox"/> INVOICE <input type="checkbox"/>		
Tel		Tel	
Fax		Fax	
Email		Email	

1. Cancellation policy

- Early registration is recommended due to the fact that classes fill quickly.
- The SAS cancellation policy covers the following: -
 - If you are unable to attend the course for which you have registered, please inform SAS Institute (Pty) Limited ("SAS") as soon as possible;
 - Fees are fully refundable if due notification is received by mail, or e-mail at least 8 (eight) working days prior to the scheduled start date of a course, after that within 7 (seven) working days or less, the full of course fee will be charged.

2. SAS Training Cancellations

- SAS reserves the right to cancel or reschedule any course at its discretion.
- If a course is rescheduled you will be notified, where possible, at least eight working days before the course start date.
- SAS shall not be held liable for airline penalties related to the cancellation of SAS courses or events.
-

<i>I APPROVE MY ACCEPTANCE OF THE ABOVE ARRANGEMENTS</i>	
MANAGERS SIGNATURE:	DATE:

REQUIRED :	DETAILS:
DELEGATE'S NAME	
DELEGATE'S SURNAME	
DELEGATE'S EMAIL	
DELEGATE'S CONTACT NO.	

REQUIRED :	DETAILS:
DELEGATE'S NAME	
DELEGATE'S SURNAME	
DELEGATE'S EMAIL	
DELEGATE'S CONTACT NO.	

REQUIRED :	DETAILS:
DELEGATE'S NAME	
DELEGATE'S SURNAME	
DELEGATE'S EMAIL	
DELEGATE'S CONTACT NO.	

REQUIRED :	DETAILS:
DELEGATE'S NAME	
DELEGATE'S SURNAME	
DELEGATE'S EMAIL	
DELEGATE'S CONTACT NO.	

REQUIRED :	DETAILS:
DELEGATE'S NAME	
DELEGATE'S SURNAME	
DELEGATE'S EMAIL	
DELEGATE'S CONTACT NO.	

REQUIRED :	DETAILS:
DELEGATE'S NAME	
DELEGATE'S SURNAME	
DELEGATE'S EMAIL	
DELEGATE'S CONTACT NO.	

REQUIRED :	DETAILS:
DELEGATE'S NAME	
DELEGATE'S SURNAME	
DELEGATE'S EMAIL	
DELEGATE'S CONTACT NO.	

REQUIRED :	DETAILS:
DELEGATE'S NAME	
DELEGATE'S SURNAME	
DELEGATE'S EMAIL	
DELEGATE'S CONTACT NO.	

REQUIRED :	DETAILS:
DELEGATE'S NAME	
DELEGATE'S SURNAME	
DELEGATE'S EMAIL	
DELEGATE'S CONTACT NO.	

REQUIRED :	DETAILS:
DELEGATE'S NAME	
DELEGATE'S SURNAME	
DELEGATE'S EMAIL	
DELEGATE'S CONTACT NO.	