

REGISTRATION FORM

Please note that all bookings and dates will be confirmed on receipt of your application

Company Name.....

Company Address.....

Contact Person.....

Tel.....Fax.....E-Mail.....

WORKSHOP

Please indicate which workshop you will be attending by ticking the appropriate box(es) below:

Management of a Disciplinary Enquiry

SMME's Capacity Building

Providing Customer Service

Guidelines for Health, Safety and Hygiene

Computers Literacy

Please register the following delegates

Name	Surname	Identity Number

Important

1. In order to secure your place, advance booking is essential
2. Substitutions must be made seven (7) days prior to the first date of your chosen workshop
3. Ichibi reserves the right to change/postpone/cancel workshop dates, speakers and/or venue without prior notice
4. All delegates should bring along their ID Books/ID Copies
5. Registration forms must be faxed to 011 672 5803 or apply on line at www.ichibitraining.com fourteen days prior to the first date of your chosen workshop