

SANAS TRAINING COURSES

APPLICATION FOR GROUP REGISTRATION

<u>COURSE INFORMATION</u>					
COURSE APPLIED FOR					
DATE OF COURSE <i>*Please note condition one below.</i>	Preference 1.				
	Preference 2.				
	Preference 3.				
<u>TRAINING COORDINATOR/MANAGER INFORMATION</u>					
NAMES & SURNAME					
CONTACT DETAILS	Tel:		Cell:		
	Fax:		E-mail:		
<u>LIST OF DELEGATES INFORMATION</u>					
NAMES & SURNAME (As required on certificate)					
Names and Surname	Date (if different from above)	Names and Surname	Date (if different from above)	Names and Surname	Date (if different from above)
<u>COMPANY & FINANCIAL ADMINISTRATION INFORMATION</u>					
NAME OF COMPANY					
VAT REGISTRATION NUMBER:					
POSTAL ADDRESS					
					Code
PHYSICAL ADDRESS <i>If different from above</i>					
					Code
<u>FOR INVOICING PURPOSES</u>					
NAME & SURNAME					
CONTACT DETAILS	Tel:		Cell:		
	Fax:		E-mail:		
<u>ANY ADDITIONAL INFORMATION AND/OR COMMENTS?</u>					

