

**Facilitation Training Programmes
Course Enrolment FORM**

Acceptance of Terms and Conditions

I, _____ hereby confirm acceptance of the terms and conditions to attend the following MasterPLAN™ facilitation training programme:

- 3 Day *Masterful* Facilitator**
- 2 Day Extreme Facilitation (Advanced)**
- 3 Day *Masterful* Consultant**
- 2 Day *Masterful* Communicator**
- 1 Day FastPLAN™ Accelerated Project Planning**
- 1 Day Facilitating IT Sessions Toolkit**

on the _____ 2008. I agree that the fee will be paid in full prior to the scheduled training date. Only cancellations received in writing two weeks prior to the programme will be refunded in full. Cancellations received in writing between 7 to 14 days from the scheduled course date will incur a 50% cancellation fee. However should attendance be cancelled within one week of the scheduled programme 100% of the fees will be payable.

The following delegates will attend:

Dated: ___/___/_____

NAME

DESIGNATION

SIGNATURE

Please fax to 011-678 5649

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Delegate Registration Information:

Name	
Designation	
Department	
Company Name	
Postal and Physical Address	
Email Address	
Telephone Number	
Cell Number	
Fax Number	
Course Name	
Course Date	
Dietary Requirements	
Accounts Department Information	
Account Contact	
Designation	
Department	
Company Name	
Postal and Physical Address	
Company VAT No.	
Telephone Number	
Cell Number	
Fax Number	
Signature	
Date	