



2010/021073/07
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NOMINATION \ REGISTRATION FORM PEST CONTROL TRAINING

From: Company _____

VAT Registration No _____ Purchase Order No _____

Tel Number _____ Fax No _____

E-Mail Address _____

Postal Address _____

Where did you hear about the course _____

Course to be attended	Course Date	Course Fee
		R

Delegate(s)			ID Number	Cell Phone Number
Title	First Name	Surname		

NOMINATED BY

Name	Designation/Position
Signature	Date

The following are included in the cost of the training:

- Refreshments (No lunch served)

All fees are payable in advanced either by Internet Transfers or Cash.

PMA, FNB Menlyn Park, A/C No 62169067420, Branch Code 252645

Cancellations need to be done 3 working days prior to commencement of the scheduled training;

Any delegate who fails to cancel on time will forfeit the full fee.

PMA reserves the right of admission to all training courses.