

REGISTRATION FORM

Business/Employer's Name:

Tel No.: _____ Cell: _____

Fax: _____ E-mail: _____

Town/City: _____

Current Position: _____

Duties & Responsibilities: _____

Sponsor/Employer Declaration:

I/Company _____

in my capacity as _____

Nominate _____

To attend the above workshop (_____ Training course) and I commit my organisation to pay to SIMASIX Accounting and Consulting CC the total workshop fee of

N\$ _____

Signature (Authorising Person)

Date/Office Stamp

No.	Name & Surname	Position	Email	Cellphone Number	Preferred Date of the Course

TERMS AND CONDITIONS

Please note: if you have not received confirmation of your booking in writing before the event, please contact us to confirm that we have received your registration.

Payment

Payment should be made upon registration by electronic transfer or direct deposit into our bank account validated by e-mailed copy of proof of payment.

Make Payment to:

Simasix Accounting & Consulting
 Bank Windhoek
 Capricorn Branch
 Branch code: 486372
 Account No: 8023418848

Please note that the registration fee includes all training materials, lunch and refreshments. Bookings will be confirmed once payment has been received.

Contact details:

Contact person: Chantel Naobes
 Contact no: 085 774 8739 or 08173 11 995
 Email address: admin@simasix.com or info@simasix.com