Mignon v.d. Westhuizen & Associates

SPIROMETRY REGISTRATION FORM

EMAIL REGISTRATION FORM WITH COPY OF ID DOCUMENT
PLEASE NOTE BOOKING WILL BE DONE ON RECEIPT OF FULL PAYMENT

CANDIDATE'S DETAILS ATTENDING THE COURSE: (use one form per candidate)

Title:		Full Name:	
Surname:		ID No:	
Tel No(w)		Cell	
Fax No:		e-mail:	

Name of Course		Date of course	
Date of Competency Certificate		Venue	

COMPANY / CANDIDATE RESPONSIBLE FOR PAYMENT:

Company / Candidate Name:

VAT Number:		PO Number:	
Postal Address:		Code:	

BANKING DETAILS

Kindly note that this account is due for payment on presentation. Payments made electronically are to include the invoice number as reference. Please email proof of payment.

BANK	ACCOUNT NUMBER	BRANCH	BRANCH CODE	ACCOUNT TYPE
FIRST NATIONAL BANK	62722883164	THE GLEN	259605	BUSINESS
ACCOUNT NAME	**SWIFT CODE**	**SORT CODE**	**ADDRESS:** FNB Building, 9th Floor 30 Diagonal Street, Johannesburg	
Mignon v.d. Westhuizen & Associates	FIRNZAJJXXX	259605		

CONDITIONS:

- Thank you for affording us the opportunity of forwarding you our quotation
- Bookings are confirmed on receipt of full payment
- Payment must be processed within **10 working days** before the commencement date of the course
- Please use your quotation number as reference
- Confirmation of minimum 10 candidates for the Spirometry Training Course to proceed
- Confirmation of minimum 10 candidates for the Spirometry Refresher Course to proceed
- We reserve the right to cancel the course, change speakers or venue without prior notice
- Should you require any further assistance, please do not hesitate to contact me

Registration Information:

Health professionals and those with no experience in spirometry as well as experienced spirometry operators who may be interested in the courses must please contact me direct and/or request a quotation by email. All requests will be responded to by email timeously. Register early.

Signature: _____ Date: _____