



# TRAINING BOOKING FORM:

*For Magnet's Use:*

Customer No:	Invoice No:
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Please complete and email to [jeninep@magnetgroup.co.za](mailto:jeninep@magnetgroup.co.za)

Course Title:	Date of Training:
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### COMPANY DETAILS:

Company:	Company Address:
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### DELEGATE DETAILS:

	First Name:	Surname:	Job Title	Cell Number:	Email:	Special Dietary Needs:
1						
2						
3						
4						
5						

### TRAINING DEPARTMENT: (person authorising the training)

Name:	Tel:	Date:
Email:	Fax:	Signature:
Company VAT Registration Number:	Company Order Number:	

### ACCOUNTS DEPARTMENT: (contact person for payment queries)

Name:	Tel:
Email:	Fax: