



COURSE NAME: First Level Regulatory Exam Preparation Workshop
REPRESENTATIVES
COURSE DATE: 25-26 April 2012
COURSE VENUE: Johannesburg

ENROLMENT FORM

To secure your place on the course by emailing or faxing this completed enrolment form to BRC.
 Fax to: 086 273 0651 OR Email to: info@brcs.co.za

DELEGATE DETAILS

First name and Surname _____
 Position _____
 E-mail _____
 Cell Number _____
 Special Needs / Dietary Needs _____

COMPANY DETAILS

Full Company Name _____
 Department / Division _____
 Postal Address _____

 Telephone Number _____ Fax Number _____

INVOICE DETAILS

Invoice Contact Person _____
 Telephone Number _____
 E-mail Address _____
 Purchase Order Number _____
 Company Vat Registration Number _____

AUTHORISATION

Name _____
 Position _____
 E-mail Address _____

FEES

R 1 100.00 per delegate

SIGNATURE

DATE

By signing this enrolment form you agree to BRC Terms and Conditions. Available at www.brsc.co.za

