



## WORKSHOP BOOKING FORM

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Company address: \_\_\_\_\_

\_\_\_\_\_

Tel (w): \_\_\_\_\_ Cell: \_\_\_\_\_

***NB - PLEASE INDICATE BELOW OPTIONS FOR PAYMENT:***

COURSE 1 - Read & Use FINANCIAL STATEMENTS workshop	R 1 650.00	
COURSE 2 - FINANCIAL STATEMENTS Ratio Analysis workshop	R 1 650.00	

**Payments to:            BIZ FACILITY - Standard Bank**  
**Current Account: 331 031 205**  
**Branch Code:            050 410**

**VENUE ATTENDING:**

I hereby accept that this enrolment is a contract between me and BIZ FACILITY. I understand that the payment is not refundable or transferable. I need to notify BIZ FACILITY at least five (5) days prior to the workshop should I not be able to attend.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***NB - Kindly fax this form to 086 545 0611 or email to [info@bizfacility.co.za](mailto:info@bizfacility.co.za) with proof of payment***