

Public Employment Equity Workshop - Acceptance Form

Please complete the section below and forward it to <u>admin@beyondconsulting.co.za</u>.

	(name) in the capacity of	(position), hereby acknowledge
that I have registered attendees for t	the Public Employment Equity Workshop as well as accept	t the Terms and Conditions contained herein.

The following information is required for invoice purposes:

Public Employment Equity	Workshop – Acceptance			
Date of Course				
Number of delegates attendin	g			
Delegates' Information	Delegate Name	Designation	E-mail Address	
				10
Dietary Requirements				1
Company Name				
Size of Organisation				24
VAT Number				
Postal Address				
Invoice Contact Person				
Telephone Number				1
Email Address			XE	1

Thank you for your acceptance – we look forward to seeing you there!

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Public EE Workshop

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