



**Informatica South Africa**

**Course Registration Form**

**Course Details**

**Course Name** \_\_\_\_\_

**Course Date** \_\_\_\_\_

**Course Venue** **On-site**   
**At**   
**Informatica** [Select applicable]  
**SA**

**Contact Person's Details**

**Name** \_\_\_\_\_ **Surname** \_\_\_\_\_

**Title** \_\_\_\_\_ **Designation** \_\_\_\_\_

**Company** \_\_\_\_\_

**Email** \_\_\_\_\_

**Tel (w)** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Registration Type** **Individual**  [Select applicable]  
**Group**  If **Group**, please indicate number of delegates

**Billing Information**

**Postal Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dietary Requirements**

**Please specify** \_\_\_\_\_

**Note**

- Course fees are to be paid prior to the commencement of the course.
- Refund of the fee will only be done if notification of cancellation is received 14 days prior to commencement of course.
- The course will be cancelled if less than four delegates have registered.
- Please address enquiries to [satraining@informatica.co.za](mailto:satraining@informatica.co.za) or **011 462 9676**

**Please return your completed application form to:**

**email: [satraining@informatica.co.za](mailto:satraining@informatica.co.za)**

**or**

**fax: 011 462-7392**

**Thank You**