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COURSE REGISTRATION FORM

To:	Newlog – Attn. Mr. S (Lucky) Krilic		
Telephone No.:	(012) 362 2916	Fax No.:	(012) 362 2613

Please register me for the following course (if handwritten please use block capitals):

Course Name:	Introduction to Project Management: Applying Project Management to Service Delivery		
Course Date:			
Name & Surname: (To appear on certificate)			
ID Number:			
Job Title:			
Organisation			
Postal Address:			
Telephone No.:		Fax No.:	
E-mail Address:		Cell No.:	
Special Diet:			
Manager's Name:			

Please complete the motivation and read the clause at the end of page two below.



MOTIVATION FOR ATTENDING A TRAINING COURSE

Applicant's Comments

1. Why I want to do this course:

2. This course will help me to achieve the following goals:

3. How I intend to implement what I learn on the course:

Manager's Comments:

I, the undersigned, acknowledge that whether or not the cost of a training course or a series of training courses, is covered or paid by my organisation I will be personally indebted to Newlog ("the company") until the full payment takes place. I acknowledge that the company is entitled to recover the cost of the training course/s from myself should the organisation that I belong to fails to do so.

I further acknowledge that should I cancel my booking for a training course, I will give at least seven (7) days' notice; alternatively I will find a replacement delegate, otherwise unless there is a reason acceptable to and at the discretion of the company, I may be held personally liable for costs incurred by the company relating to the training course to the value of the 50% of the said costs..

Signature of Applicant

Signature of Manager