



## COURSE – UNDERSTANDING MEDICAL AIDS IN SOUTH AFRICA

**YOU WILL BE GRANTED ACCESS TO YOUR GOOGLE CLASSROOM ONCE PAYMENT REFLECTS**

### COURSE FEES:

- Practice Owner (R2500 ex VAT)
- Practice Manager (R3000 ex VAT)
- Credit Control (R2700 ex VAT)

### DELEGATES:

#### 1. DELEGATE DETAILS

First Name and Surname (as to appear on certificate): \_\_\_\_\_  
\_\_\_\_\_

Company Position: \_\_\_\_\_

Email (Gmail): \_\_\_\_\_

Contact number: (w) \_\_\_\_\_ (c) \_\_\_\_\_

#### 2. COMPANY / ORGANISATION DETAILS (IF APPLICABLE)

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

Practice number: \_\_\_\_\_ Discipline: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

VAT Reg number: \_\_\_\_\_

#### 3. DETAILS

Upon completion of the booking form, a quotation will be sent for payment.

***An invoice will be issued upon receipt of payment in full.***

**ALL COMPLETED FORMS ARE TO BE RETURNED TO DALMOR MEDICAL ADMINISTRATION TRAINING INSTITUTE VIA EMAIL: [info@dalmor.co.za](mailto:info@dalmor.co.za)**

Signed by (Name and Surname): \_\_\_\_\_ on \_\_\_\_\_

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