



DALMOR

MEDICAL ADMINISTRATION TRAINING INSTITUTE
A DIVISION OF DALY MORGAN & ASSOCIATES

COURSE – MEDICAL RECEPTIONIST COURSE

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

COURSE FEES: R 1400 per person ex VAT

TOTAL NUMBER OF DELEGATES ATTENDING:

1. DELEGATE DETAILS

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

Company Position: _____

Email (Gmail): _____

Contact number: (w) _____ (c) _____

2. COMPANY / ORGANISATION DETAILS

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.

I ACKNOWLEDGE THE TERMS AND CONDITIONS

Submission of this booking form constitutes acceptance of our terms and conditions and serves as confirmation of your authority to make the booking and ensure payment on behalf of your practice.

ALL COMPLETED FORMS ARE TO BE RETURNED TO DALMOR MEDICAL ADMINISTRATION TRAINING INSTITUTE VIA EMAIL: info@dalmor.co.za

Signed by (Name and Surname): _____ on _____

Signature: _____