



# DALMOR

MEDICAL ADMINISTRATION TRAINING INSTITUTE  
A DIVISION OF DALY MORGAN & ASSOCIATES

## COURSE – MEDICAL PRACTICE MANAGEMENT COURSE

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

COURSE FEES: R 1600 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](mailto:info@dalmor.co.za)**

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

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