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**Autodesk**  
 Authorised Value Added Reseller  
 Authorised Training Center

<b>DELEGATE</b>									
NAME			CONTACT NUMBER						
COMPANY			ALTERNATIVE CONTACT No.						
3D Staffing Solutions		YES	NO		EMAIL ADDRESS				
ID Number/Passport No.			COMPANY PO NUMBER						
COURSE NAME			ESS	ADV	COURSE DATE		FROM	TO	
COURSE FEES			VENUE						
DIETARY REQUIREMENT		Vegeterian		Halaal		Other		Referred by	

<b>COMPUTER LITERACY</b> (Please TICK appropriate box)		
Never worked on a PC		
DOS		
Windows		
NT3.1		
AutoCAD	Version	
Other		

<b>DISCIPLINE</b> (Please TICK)			
Mechanical		Multi-Media	
Civil		Architectural	
Electrical		Multi Discipline	
Structural		Other	
Trade Qualifications:			

<b>INVOICE DETAILS</b>		Thank you for your booking, please note that training payment terms are payable-in-advance and as such, booking is confirmed with remittance.	
INVOICE TO		VAT NUMBER	
PHYSICAL ADDRESS		ACCOUNTS - CONTACT	
POSTAL ADDRESS		FAX NUMBER	
TELEPHONE NUMBER		E-MAIL ADDRESS	

**TERMS & CONDITIONS** - All training bookings are subject to the following terms and conditions.

Training times - All courses start promptly at 8:45 for 9am, until 3pm daily.

Payments to be made at least four days prior training date, unless other arrangements have been made, and proof of payment to be faxed to (011) 452-7935.

**Cancellation:** 5 working days prior notice will be charged 25% cancellation fee of the course fees  
 3 working Days prior notice will be charged 50% Cancellation fee of the course fees  
 Less than 48 hours notice or no show will be charged 100% cancellation fee of the course fees

Confirmations - We reserve the right to reschedule any courses subject to sufficient delegates.

Refunds - Under no conditions will a refund be paid out - all courses will be rescheduled until a later date. If a delegate misses a course, no reschedule or refund will be made.

<b>BANKING DETAILS</b>
CAE Solutions
Standard Bank
Account number : 020046723
Branch Code: 016342
Account Type: Cheque

<b>FEED-BACK REPORT</b> - Corporate delegates	
Do you require a progress report on the above delegate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name	_____
Designation	_____ e-Mail _____
Telephone	_____ Fax: _____

<b>AUTHORIZATION</b>
I, _____
accept the above terms and conditions.
Signed: _____
Date: _____