



COURSE BOOKING FORM

To register a place on any of the courses, please complete the form below and email it as an attachment to admin@bambaceltd.com OR send to **FAX — 0302824142**

For further explanations, please call any of the following numbers—

0264 568568; 0233 264 233; 0243 607499

PERSONAL DETAILS

Surname: Other Names:

Title: Mr. Mrs. Ms. Dr. Other.

Company:

Address:

CONTACT DETAILS

Email Address:

Telephone: Mobile: Fax:

COURSE REQUIRED

Course Title:

Preferred Date:

NOTE: If you require a group reservation of individuals from the same company, attach list of names, mobile phone numbers and email addresses.

METHOD OF PAYMENT

Cheque—Payable to **BAMBACE LTD** Cash Invoice

For whose attention should the **invoice** be made? _____

Please pay Cheque / Cash @ any **ZENITH BANK** to **BAMBACE LTD**, Account No. **6011302351**.

NOTE: All Payment must be received ten (10) working days before start of the Course. Failure to do so may result in loss of place.

Please tell us how you heard of the Course. (E.g. WORD OF MOUTH?) _____

**Upon successful registration, you will be sent joining instructions and any other relevant information.
We know that you will enjoy your time with us during the period of the course. Thank you.**