Radiation Dosimetry and Protection cc

REGISTRATION FORM

Virtual 2-Day On-line Radiation Safety Training Course			
Course Date:	**Wednesday 30 & Thursday 18, 19 February 2026 – Virtual 34**		
Course Fee:	Amount per delegate	Value Added Tax @ 15 %	Total Nett Price
	R5,700.00	R855.00	R6,555.00
Cut-off date to provide names of delegates and their contact details.	**Tuesday 03 February 2026**		

CONTACT DETAILS WHERE INVOICE MUST BE SENT TO:

Company Full Name			
Company Postal Address			
		Postal code:	
Contact person:			
	Mobile:		
	☎ Telephone:		
	✉ Email:		
Company VAT number:			
Purchase Order number:			
Finance department Contact person (if different from above)	Name:		
	☎ Telephone:		
	✉ Email:		

PAYMENT:

By electronic transfer or direct deposit to:	
Account Name	Radiation Dosimetry and Protection cc
Bank Name	First National Bank
Branch Name	Willowbridge
Account No.	621 2560 9795
Branch Code:	210 655
Validated by an emailed copy of proof of payment/ remittance advice	

Reference: Invoice number

Payment terms: Within 30 days from service delivery date due net

DETAILS OF DELEGATE(S) ATTENDING THE COURSE:				
	Full names & surname (as to appear on certificate)	Mobile number with WhatsApp	✉ Email address	Email address of immediate supervisor of delegate
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

TERMS and CONDITIONS:

* A substitute delegate(s) may be nominated. Please inform us of the new name(s) for the certificate.
* The registration may be cancelled, *in writing* , up to 3 working days before the course takes place. Cancellations inside of 3 days will be liable for a 10% cancellation fee.
* Unfortunately no refund or credit can be given to delegates who do not attend without giving prior notice.
* Unforeseen circumstances may necessitate the cancellation, or postponement of the on-line course, in which case registrants will be timeously informed and course fees refunded, if necessary.
* For the knowledge test each delegate must have access to his/her mobile phone since the test will be done on your phone. The company must also arrange that the knowledge test is done under the supervision of a staff member that is more senior than the delegate doing the test.

I hereby acknowledge that I have read and understand the terms and conditions of this registration. Signing this registration form I confirm that I accept the specified terms and conditions and that my organization will pay the full fee.

Manager / Supervisor Name:	
Position:	
Signature:	
Date:	

Please Email this page back to: ✉ radiation@radiation-consulting.co.za

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