Radiation Dosimetry and Protection cc

REGISTRATION FORM

Virtual Half-Day: ROAD TRANSPORT SECURITY TRAINING COURSE			
Course Date:	Tuesday 8 September 2026 - V42		
Course Fee:	Amount per delegate	Value Added Tax @ 15 %	Total Nett Price
	R2,750.00	R412.50	R3,162.50
Cut-off date for registration:	Tuesday 25 August 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. If there are more than two delegates in one room, the company must also arrange that the knowledge test is done under the supervision of a staff member that is more senior than the delegates doing the test.
* I confirm that each delegate acknowledges and consent to register for the event, sharing their above personal information for confirming their presence at this event as per regulatory requirements of labour legislation, associated regulatory directives, professional bodies, and for certification purposes. The online enrolment with their mobile numbers and email addresses will serve as a signed consent.
* I confirm that each delegate acknowledges and consent to register for the event, sharing their above personal information

  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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