



END 2 END
BUSINESS SOLUTIONS (Pty) Ltd

REGISTRATION FORM

Please complete and return with proof of payment to:
E2E Training Department: Fax: 021 404 0511 or email: steve@e2e.co.za

Company Name:	ID No:
Delegate Name:	Tel:
Postal Address:	Fax:
	Cell:
	Email:
Postal Code:	Meal Preference:
Course Name:	
Course Date:	

- i. Seats are allocated on a first come first served basis, and are secured on receipt of payment and booking forms only.
- ii. Payment is required when submitting the booking form.
- iii. **NO CANCELLATIONS WILL BE ACCEPTED, THE FULL COURSE FEE WILL BE CHARGED** - substitutions may be made
- iv. E2E reserves the right to cancel any course should there be an insufficient number of delegates booked for the course

Please provide a brief description of current position and/or previous bookkeeping/Pastel experience:

Direct Deposit for R _____ (Attach a copy of deposit slip or electronic transfer)

Account Details: End 2 End Business Solutions
Standard Bank, Thibault Square
Account No : 070901945
Branch Code : 020909

I hereby agree to the above terms and conditions

Applicants Signature: _____ Date: ____/____/____