|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | VTCT Events Booking Form | | | | |
| Please complete this form to book your place and return to [j.vanzyl@iteceducation.com](mailto:j.vanzyl@iteceducation.com). | | | | | | |
| **Section 1 – Event details** | | | | | | |
| Event Code: | **TAAT18B** | | Event Name: | | **Assessor Training (South Africa)** | |
| Date of Event: | **5-6 February** | | Location: | | **ITEC, Northgate Office Park, Corner of Aureole & Profit Street, Northriding, Johannesburg, 2195, South Africa** | |
| **Section 2 – Delegate details** | | | | | | |
| Delegate Name 1: |  | | | | | |
| Email: |  | | | | | |
| Delegate Name 2: |  | | | | | |
| Email: |  | | | | | |
| Delegate Name 3: |  | | | | | |
| Email: |  | | | | | |
| Centre Name: |  | | | | | |
| Address Line 1: |  | | | | | |
| Address Line 2: |  | | | | | |
| Town/City: |  | | | | | |
| Country: |  | | | Post code: | |  |
| Booker e-mail: |  | | | Contact Tel No (incl dialling code): | |  |
| **Section 3 – Payment details** | | | | | | |
| Amount to pay: | **£550.00 per person** | | | | | |
| ***If you are from an accredited VTCT/ITEC Centre and wish us to invoice you direct, please supply the following details:*** | | | | | | |
| Centre Number: |  | | | Purchase Order No: | |  |
| ***If you wish to pay by credit/debit card (accepted cards MasterCard, Visa and Maestro), please supply the following details:*** | | | | | | |
| Please charge my credit/debit card £ | | | | | | |
| Type of Card: |  | | | Cardholders name: | |  |
| Cardholders address: |  | | | | | |
| Cardholders postcode: |  | | | | | |
| Card number: |  | | | | | |
| Valid from: |  | | | Valid to: | |  |
| Issue number: |  | | | Security number: | |  |
|  |  | | | To enable us to process your payment please enter the last three digits of the security number from the strip on the reverse of your card | | |