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15 Aandwind street, Pellissier Bloemfontein www.nursetotherescue.co.za

BOOKING FORM - WORKSHOPS

COMPANY / INDIVIDUAL INFORMATION

Company / Individual Name			
VAT Number		Phone Number	
Contact Person		Cell Nr	
E-mail Address			

DATE THAT TRAINING IS REQUIRED (Will be confirmed due to availability) Provide 2 possible dates!

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WORKSHOP TOPIC REQUESTED (Please refer to Workshop Topic's List)

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NUMBER OF PEOPLE THAT WILL ATTEND TRAINING SESSION

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PREFERENCE OF LANGUAGE: AFRIKAANS / ENGLISH

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NURSE TO THE RESCUE's Training Venue is in BLOEMFONTEIN.
We provide refreshments (tea/coffee, bottled water & snacks) at our venue.
Pin location will be provided one day before the scheduled training.

TRAINING VENUE (Please complete) - IF NOT NURSE TO THE RESCUE'S VENUE

Address:	
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KINDLY CONFIRM THE FOLLOWING ABOUT THE VENUE THAT WILL BE USED:

1	Tables and chairs are provided for all attendees	YES	NO	
2	TV screen and cable available for presentation	YES	NO	
3	Power outlets available for laptops or other devices	YES	NO	
4	Room is well-ventilated or air conditioned	YES	NO	
5	Access to toilets close by venue	YES	NO	
6	Emergency exits and safety measures in place	YES	NO	
7	Coffee and tea will be provided during tea breaks	YES	NO	
8	Safe and on-site parking for trainers and attendees	YES	NO	
9	Can I access the room 30 min before the training starts for set-up?	YES	NO	
10	Who is the contact person to allow access to the training venue?			

By signing this document, the applicant is requesting a training session. Kindly note that an **OUT-OF-OFFICE Fee (R 300/day)** is charged when training is scheduled outside of our training venue. This does not include travelling or accommodation fee outside Bloemfontein. You are welcome to request a formal quotation.

Name of Applicant: _____ Signature Applicant: _____