



**THE GRADUATE INSTITUTE**  
OF MANAGEMENT & TECHNOLOGY

**2009 REGISTRATION FORM**  
**(Diploma in Company Direction)**

**Please complete and return to:**

TEL: 0861 02 04 06  
FAX: (011) 883 1353  
EMAIL: info@gimt.co.za

**Delegate's Information:**

Qualification/ Programme			
Purchase Order No			
Commencement Date			
Company Name			
Company VAT number			
Physical Address			
Postal Address			
Contact Name	Surname:	First Name(s):	
Delegate's information	Title:	Designation:	
How long have you held this position			
Delegates Qualifications			
ID No			
Contact Details	Tel:	Fax:	
Contact Details	Cell:	Email:	
Who will be responsible for payment	Division:	Contact name:	
Is your company sponsoring you			
GIMT to provide progress report			
If yes, please provide details of who will receive these reports			
Authorised By:	Name:	Signature:	

**Food Requirements (please indicate your preference):**

No specific preference	Halaal (Moslem faith)	Vegetarian (white meat)	
Ve Vegetarian (no meat)	Kosher (Jewish faith)	Other (specify)	

**Cancellation Clause:**

Delegates who cancel their registrations 14 days prior to commencement will be liable for 50% of the programme fees. Cancellations received 7 days prior to commencement will be liable for 75% of the programme fee. Non-arrivals will be charged the full fee of the programme.

**Documents Required to Accompany Registration:**

1. Certified Previous Qualifications
2. Condensed CV
3. Certified Identification Document
4. Letter from company sponsoring delegate
5. If payment terms requested (If company not sponsoring)
  - Income and Expenditure form
  - 3 months recent bank statements
  - most recent salary advice

**Acknowledgement:**

I acknowledge that by registering for this programme I am personally responsible for the settlement of the programme fees, should my company not pay for any reason whatsoever.

I am also aware that for my material to be received timeously, payment is to be received by GIMT two weeks prior to programme commencement.

_____	_____
<b>FULL NAME OF DELEGATE</b>	<b>SIGNATURE OF DELEGATE</b>
Authorizing Signature (if applicable):	
Name of authorized signatory:	
Designation:	

**Terms and Conditions:**

1. Fees include venue, course materials, luncheons and refreshments.
2. The authorised signatory of this booking form must be authorized to sign on behalf of the contracting organisation.
3. GIMT will confirm receipt of your registration form to confirm your booking.
4. Upon GIMT receiving your Registration form, you will be issued with an invoice payable within 14 days of date thereof.
5. Payment must be received prior to commencement and GIMT reserves the right to refuse admission if payment is not received on time.
6. Delegate substitutions are welcome at any time and must be confirmed in writing prior to commencement.