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| **HORNBEE – Delegate Registration Form – 2023 QCTO Series** | | | | | | | | | | | | | | | | | |
| **Title:** |  | | | | | | | | | | | **Company:** | | | |  | |
| **Surname:** |  | | | | | | | | | | | **Designation:** | | | |  | |
| **First Name:** |  | | | | | | | | | | | **Dietary Requirements:** | | | |  | |
| **Race:** | B | | | W | I | | C | | | | | **Gender:** | | | | M | F |
| **EDUCATION & EXPERIENCE:** | | | | | | | | | | | | **CONTACT DETAILS:** | | | | | |
| **Highest school grade:** | | |  | | | **Year:** | |  | | | | **Email:** | |  | | | |
| **Further Education (Please Specify)** | | |  | | | | | | | | | **Work Number:** | |  | | | |
|  | | | | | | | | | **Cell Number:** | |  | | | |
|  | | | | | | | | | **Address:** | |  | | | |
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|  | | | | | | | | | **Postal Code:** | |  | | | |
| **ALTERNATE 1 CONTACT DETAILS:** | | | | | | | | | | | | **ALTERNATE 2 CONTACT DETAILS:** | | | | | |
| **Title:** | | |  | | | | | | | | | **Title:** | | |  | | |
| **Full Name:** | | |  | | | | | | | | | **Full Name:** | | |  | | |
| **Contact Number:** | | |  | | | | | | | | | **Contact Number:** | | |  | | |
| **Relationship:** | | |  | | | | | | | | | **Relationship:** | | |  | | |
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|  | | | | | | | | | | | **SUBMISSION:** | | | | | | |
|  | | | | | | | | | | | Attach a certified copy of your ID/PASSPORT along with your completed application form and email your form/s to [petahorn@mweb.co.za](mailto:petahorn@mweb.co.za) | | | | | | |
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| **AUTHORISATION:** | | | | | | | | | | | | | | | | | |
| I (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that to the best of my knowledge, the information on this form is true.  I uthorize Hornbee to verify the information contained on my registration form and to make whatever enquiries they deem necessary. I hereby agree to Hornbee Terms and Conditions stated above. | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | Date: | | |  | | | | |

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| **Hornbee – Payment Terms and Conditions – QCTO Series** | | | | | | | | | | | | |
| **FEES (excl. VAT):** | | | | | | **TERMS AND CONDITIONS:** | | | | | | |
| |  |  |  | | --- | --- | --- | | Webinar Title | Cost Per Delegate | Number of delegates | | QCTO Updates | R450.00 |  | | CPD for ODETD | R650.00 |  | | CPD for Assessment | R450.00 |  | | CPD for Moderation | R450.00 |  | | CPD for Facilitators | R650.00 |  | | Full QCTO Series of 5 Webinars | R1 500.00 |  | | | | | | | Payment is due within 2 weeks upon receipt of invoice. Delegates will not be allowed entry if payment has not been received in full or if alternative payment arrangements have not been made. Fees need to be settled before study material is released. No delegate will be allowed to write the exam should any fees be outstanding.  Kindly email proof of payment to petahorn@mweb.co.za | | | | | | |
| **Payment Options** (please select one of the following payment options) | | | | | | | | | | | | |
| 1. **My organisation will be paying** | | | | | | | | | | | |  |
| Company Name: | |  | | | | VAT Registration Number if applicable: | | |  | | | |
| Contact Name and Surname: | |  | | | | Email Address: | | |  | | | |
| Contact Number: | |  | | | | P/O Number: | | |  | | | |
| Physical Address: | |  | | | | Postal Address: | | |  | | | |
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| Code: | |  | | | | Code: | | |  | | | |
| 1. **I am responsible for the full payment** | | | | | | | | | | | |  |
| Name and Surname: | |  | | | | Email Address: | | |  | | | |
| Work Number: | |  | | | | Cell Number: | | |  | | | |
| Physical Address: | |  | | | | Postal Address: | | |  | | | |
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| **AUTHORISATION:** | | | | | | | | | | | | |
| I (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that to the best of my knowledge, the information on this form is true.  I authorise Hornbee to verify the information contained on my registration form and to make whatever enquiries they deem necessary. I hereby agree to Hornbee Terms and Conditions stated above. | | | | | | | | | | | | |
| Signature: |  | | | | Date: | |  | | | | | |
| **FOR OFFICE USE:** | | | | | | | | | | | | |
| **Date of booking:** |  | | **Staff reference:** |  | **Invoice No:** | | |  | | **Student No:** |  | |