



Cancellation Policy

I, _____, being the Employer/representative of the aforementioned delegate(s) take full responsibility for the payment of the total course fee prior to the commencement of this course.

I further agree to pay the full course fee in respect of any delegate cancellation provided less than 3 working days before the scheduled start of the course.

Full Name and Surname: _____

Signature: _____

Date: ___/___/___