

THE WINE SERVICE COURSE – REGISTRATION FORM - 2016



PLEASE COMPLETE USING BLOCK CAPITAL LETTERS

Please ensure that you read the booking conditions and complete all sections on the booking form where applicable. Email the completed form to: ***nelda@thewinetender.co.za***

SECTION A - YOUR DETAILS

Surname: _____ First Name(s): _____ Mr/Mrs/Miss/Ms: _____

Postal Address: _____

Post Code _____ Telephone No.: _____ Cell Number: _____

Email Address: _____

SECTION B - THE COURSE/EVENT

Course: *THE WINE SERVICE COURSE*

Venue: Bramon Wines, Plettenberg Bay

Course Start Date: 28 October 2016

Cost: R700.00

SECTION C - BOOKING CONDITIONS

- **Cancellations are accepted up to 5 working days prior to the start of the course, after which time you will be liable for the full payment of the course fees**
- If a confirmed course booking is cancelled during the 5 working days prior to the start of the course, or at any time after the start of the course, no refund or transfer of the course fees will be made
- Transfers of a confirmed booking either to another course or applicant can be made up to 3 working days before the course start date
- Course fees will be refunded in full if Cape Wine Academy changes a course date or cancels a course. Notification will be made no less than 3 working days prior to the planned start date of the course.

I have read and understood the policy on cancellations, refunds and transfers above. I understand that all CWA courses are subject to minimum numbers and Cape Wine Academy reserves the right to change tutors, reschedule, cancel, close or combine courses if necessary.

Signature: _____ Date: _____

SECTION D - MARKETING INFORMATION

Where did you hear about us?

SECTION E - PAYMENT

After receipt of your registration form, you will receive an invoice, which can be paid via EFT or direct deposit. Banking details will be on your invoice. Please use the invoice number and your surname as reference. ***Please email your proof of payment to nelda@thewinetender.co.za***

If you wish us to **invoice your employer**, please complete the details below.

The request **MUST BE** signed by a manager who may authorise payments.

Company Name: _____ Address: _____

_____ Tel Number: _____

V.A.T. Number: _____ Purchase Order Number: _____

Fax Number: _____ Manager's email address: _____

Manager's Name: _____ Manager's Signature: _____