Registration Form

PLEASE COMPLETE THE FORM AND SEND BACK TO contact@soafu.com.ng TO CONFIRM YOUR ENROLLMENT

	Course Title: ————————————————————————————————————				
	Course Date(s)		Duration:		
	Location:		No of Delegates:		
	Location.		J		
	DELEGATES DET	AILS (PLEASE FIL	LL IN USING BLOCK CAPI	TALS)	
	1st Delegate Details:				
	Title	Surname		First Name	
	Job Title	Email (required)		Telephone	
	2nd Delegate Details:				
	Title	Surname Email (required)		First Name	
	Job Title			Telephone	
	Title Surna			First Name	
	Job Title	Email (required)		Telephone	
	Job Hile	Email (required)		Тесрионе	
AUTHORIZATION					
_		_			
	I wish to register the delegate(s) indicated above				
	Title Surname			First Name	
	Job Title	Email (required)		Telephone	
	Signature:	Da	ate:		
	(This booking is not valid without				
	TERMS AND CONDITIONS		E)	(TRAS	
1. Payment Terms: On return of the registration form, full payment is expected within 7 working days. Payment must be received prior to the program commencement date; SOAFU Masterclasses reserves the right to refuse entryinch the program to participants if payments in or treedved as stated. Cancellations will be charged under the conditions stated below. 2. Cancellations, No Shows and Substitutions: Cancellations received in writing more than 21 days prior to the start of a program; carry a 50% cancellation fee. Should cancellations be received between 21 days and the date of the event the full fees will be paid Non payment or non-attendance is not considered a cancellation No shows will be charged the full registration fees. Cash alteratives will not be offered, however substitutions will be considered at no extra call. Alterations to Scheduled Program: We reserve the right to alter our programs withoutnotice or penalty and in such situations no refunds or part refunds or alternative offer will be made. Should SOAFU Masterclasses cancel any program permanently for any eason whatsoever, the clients hould be entitled to a refund of they apment In the case of a postponed or cancel event, we will not be responsible for airfarespaccommodation and other travel costs incurred by the client.			Please select your options by ticking the boxes below Digital format of all Training & Workshop / Conference Materials Airport Transfer (both ways) Accommodation Per Night Optional Tour Special Meals		
Bank Details			Security Detail Any other specific requests		
Name of account: SOAFU NIGERIA LIMITED Registration Number: 2004/611403 Bank: Fidelity Bank of Nigeria Limited					
			Extras as requested will be billed at cost on arrival during the program.		
	Branch Name: Rumuokuta				
	Account No: 5600290058				
	Type of acc: Current			(A)ogfu	
	Sort Code: 070210529			{(\(\cdot \) \(\partial \) \(\pa	,

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