



REGISTRATION / ENROLLMENT

Course :

Date :

(New Attendee)

Title

First Name*

Last Name*

Preferred Name

Email*

Gender:

☐

Male

☐

Female

Special Diet

Select from:

☐

Vegetarian

☐

No Pork.

☐

I will bring my own food.

Note: We DO NOT cater Halal, Kosher, Gluten-free.

☐

No

☐

Yes



Midvaal HVAC

REAL SKILLS REAL TOOLS

Training (PTY) Ltd.

PHONE
082 490 8551

MAIL
marcell@midvaalhvac.co.za

ADDRESS
173 Mooi ave Moolandé AH,
MIDVAAL

WEBSITE
<https://midvaalhvac.co.za>

FACEBOOK
MidvaalHVAC

Pre-Knowledge

Please specify your pre-knowledge in a few sentences (if applicable)

Postal Address*
Street/PO Box

Suburb*

City*

Province*

Postal Code*

Country*

Mobile phone*

ID Number*

Your ID number is required for inclusion on your Certificate.

Referred by*

Amount Due (ZAR)

Terms and Conditions

☐ I accept the Terms and Conditions.



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FACEBOOK
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Registration

Payer

☐ Organisation ☐ Individual

Order Contact

Title

First Name*

Last Name*

Email*

Work Phone

Home Phone

Mobile Phone*

Street / PO Box*

Suburb*

City*

Province*

Postcode*

Country*

Payment Details

**Strictly Instant EFT only.
Excluding VAT (Not VAT Registered)**

