



CUSTOMER TRAINING - COURSE BOOKING FORM

Rockwell Automation (PTY) LTD
GMS Training, South Africa
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SEND TO: Rockwell Automation
Fax No: + 27 (0) 11 654 9888
Tel No: + 27 (0) 11 654 9700
Attention: Training Coordinator
Subject: Customer Training Booking
Total Pages: One
Date: _____
Contact person: Name: _____ Email address: _____

| | | | | | |
|--------------------|-------|---------------------|-------|--------------------------|-------|
| Course Ref: | _____ | Course Date: | _____ | Number Attending: | _____ |
|--------------------|-------|---------------------|-------|--------------------------|-------|

| Delegates Full Names and Surname | | Delegates Email Address | |
|----------------------------------|-------|-------------------------|-------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |

Meal Requests (i.e. Vegetarian, no seafood etc): _____

Our order number is: _____

Person responsible for payment: Name: _____
Email/Telephone number: _____

- PLEASE NOTE THAT SHOULD YOU NOT HOLD AN ACCOUNT WITH ROCKWELL AUTOMATION:**
- 1. WE REQUEST THAT YOU KINDLY BRING A CHEQUE FOR THE FULL AMOUNT PRIOR TO THE COMMENCEMENT/ON THE FIRST DAY OF THE COURSE OR,**
 - 2. WE REQUEST YOU KINDLY CONTACT YOUR LOCAL ROCKWELL AUTOMATION CHANNEL OR SALES REPRESENTATIVE FOR FURTHER DETAILS ON BOOKING A COURSE.**

Registration of delegates will only be accepted on the completion and return of this booking form provided that the course is not fully booked.
Rockwell Automation will not be responsible for hotel accommodation, meals, travel and out of pocket expenses.

Please take note of the terms and conditions as attached to this booking form

All courses commence at 08:30 sharp on the first day and 09:00 thereafter.

Details of training approver/Decision maker:
Name: _____ Fax: _____
Company: _____ Email address: _____
Tel: _____ Signature: _____

The Rockwell Automation Training Centre
ESETA Accreditation Number: ES/ETQA/0102