



I E S S A

ENROLMENT FORM

Please print clearly and return to:
Illumination Engineering Society of South Africa
Course enrolling for: -

email: info@iessa.org.za Tel 011 476 4171

Delegate 1. This Information is for your Certificate. Please print clearly and complete in full

Full Name:		IESSA Member Code	
Identity Number to be shown on the Certificate			
Company:		Contact Tel:	
Address:		Fax:	
		e-mail:	

Delegate 2.

Full Name:		IESSA Member Code	
Identity Number to be shown on the Certificate			
Company:		Contact Tel:	
Address:		Fax:	
		e-mail:	

Person/Company Paying.

Full Name:		IESSA Member Code	
VAT number			
Company:		Contact Tel:	
Address:		Fax:	
		e-mail:	

We / I have special dietary requirements.....

- o Please e-mail invoice to us / me.
- o Please send a map of the venue

We / I am aware that full payment has to be made one week before the course commences to enable us / me to attend. Fees paid will not be refunded, you may substitute another delegate.

Cancellation of enrolment in writing is needed two weeks before the course commences or you will be liable for 50% of the fee.

Signature.....

Name:..... Date: