

# Registration Form

Telephone: +267 3973370

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## SECTION A: Programme Details

Programme name: .....

Programme Date: .....Venue: .....

Elsimate Customer Service Representative: .....

### SECTION B: Delegate's Details

Delegate's full name: ..... Delegate's Signature .....

Qualification: .....Post Held .....

ID .....

Work Contact: .....Mobile: .....Fax: .....

Email Address: .....

Postal Address: .....

### REGISTRATION PROCEDURES

- Registration shall be done through payment
- And then our office shall issue an invoice/fee note to the client and the registration form to the client.
- Once the client/participant has received an invoice and registration form he/ she shall pay and complete the form of registration.
- All payments can be through electronic bank transfer, bank guaranteed cheques or cash. Any other method of payment must be arranged prior with our office.
- All transfers and deposits must be paid to: First National Bank of Botswana, First Place Branch, Account Name: ElsiMate Institute (Pty) Ltd, Account no. 63015590060, branch code 283567 and or ABSA Bank of Botswana, Account Name: ElsiMate Institute, Account NO: 1084650, Branch: Broadhurst, Branch Code: 290467
- Refunds shall be processed in accordance to ElsiMate Institute refund policy. You may view our refund policy on [www.elsimate.co.bw](http://www.elsimate.co.bw)
- Please email all documents to [customerservice@elsimate.co.bw](mailto:customerservice@elsimate.co.bw)

I (Sponsor)..... confirm that (Attendee)..... will attend the above training on the stipulated date and hence authorizes your office to reserve space for him/her. I OBLIGED myself that if he/she does not attend this course having booked a seat I will be refunded according to the institute refund policy.

Signature: ..... Date: .....

