REGISTRATION FORM

Advanced Concrete Technology (ACT) - SCT 50

Cement & Concrete SA (School of Concrete Technology)
Tel: +27 (0)11 315 0300 | E-mail: rennisha.sewnarain@cemcon-sa.org.za
Website: www.cemcon-sa.org.za | PO Box 168, Halfway House, 1685, Midrand, South Africa

To register for a course, please complete this form and e-mail to the SCT Administrator. You may also download the registration form from our website at https://www.cemcon-sa.org.za I wish to attend the following course: Please tick the appropriate box				
Advanced concrete technology: Module 1 Module 2 Module 3 Module 4 Module 5				
Re-examination: PART 1 PART 2				
(Exams are written in Midrand only)				
Where did you hear about us: Facebook Internet Word of Mouth				
It is imperative that all fields are completed. Without completion, we cannot process registrations.				
Delegate's Details				
Title & initials Surname Surname				
First Name				
Sex: M F Date of Birth				
Tel no W Cell no Cell no				
E-mail				
For any special dietary requirements there will be an additional charge:				
(please confirm 72 hours prior to arrival)				
Compulsory entrance requirement for ACT.				
ICT Stage 2 / SCT 41: YES NO ICT Stage 3 / SCT 42: YES NO				
Contact details of person responsible for sending you on course				
Name Position in Company				
Tel no W E-mail				
Signature of person responsible for sending you on course:				
Please complete overleaf				



It is imperative that all fields are completed. Without completion, we cannot process registrations.					
Invoicing Details	Invoice required	YES	NO		
Name of Person responsible for payment					
Position in Company	E-mail				
Tel no W	Cell	no 📗			
Company Name					
Company Postal Address					
Company VAT No.					
Cash Bank Deposit	nust be received prior	to the traini	ing		
 Registration is only confirmed on receipt of full payment. Exam hours are from 11h00 to 14h00. Customers will be invoiced on receipt of payment. Electronic transfer or direct deposit into our bank account, must be validated by an e-mailed copy of the transaction slip clearly identifying the learner(s), course and your company name to ensure that your payment is correctly allocated. Please include the reference number reflected on your quotation. Cancellations Cancellations less than five business days prior to the course and non-attendance will result in a charge of 100% of the course price, subject to any applicable law. Payment Electronic transfer or direct deposit into our bank account, must be validated by an e-mailed copy of the transaction slip clearly identifying the learner(s), course and your company name to ensure that your payment is correctly allocated. Please include quote or invoice number when processing payment as reference. 					
3	ode: SBZAZAJJ Acc code: 00 11 55	count No: 202	2 493 784		
I have read and understood the above: SIGNATURE					
NAME IN BLOCK LETTERS					

 $(All\,queries\,related\,to\,the\,examination\,scripts\,and\,or\,examination\,remarking\,must\,be\,dealt\,with\,ICT\,(London)\,directly.)$