



**Attendee Details**

A separate form is required for each attendee. Please print clearly in block letters and fill in all fields..

Title : \_\_\_\_\_  
 Full Names : \_\_\_\_\_  
 Surname : \_\_\_\_\_

ID Number : \_\_\_\_\_  
 Occupation : \_\_\_\_\_  
 Company Name : \_\_\_\_\_

Physical Address : \_\_\_\_\_  
 Suburb : \_\_\_\_\_  
 City : \_\_\_\_\_  
 Postal Code : \_\_\_\_\_

Postal Address : \_\_\_\_\_  
 City : \_\_\_\_\_  
 Postal Code : \_\_\_\_\_

Tel (home) : \_\_\_\_\_  
 Tel (work) : \_\_\_\_\_  
 Cell : \_\_\_\_\_

Preferred contact : WORK / HOME / CELL

Email address : \_\_\_\_\_  
 Fax number : \_\_\_\_\_

**Course/s attending**

- |                          |                            |        |         |            |
|--------------------------|----------------------------|--------|---------|------------|
| <input type="checkbox"/> | Basics to Garden Design    | 2 days | R 2 500 | Date _____ |
| <input type="checkbox"/> | Garden Styling             | 2 days | R 1 850 | Date _____ |
| <input type="checkbox"/> | Intermediate Garden Design | 3 days | R 3 750 | Date _____ |
| <input type="checkbox"/> | Other                      | :      | _____   | Date _____ |

These rates include full attendance at the chosen course, drinks and handouts. Participants to supply own lunch, stationery and drawing tools.



**Payment Details**

Please provide the name and contact details of the person responsible for payment.

Title : \_\_\_\_\_  
 Full Names : \_\_\_\_\_  
 Surname : \_\_\_\_\_  
 Relationship : \_\_\_\_\_  
 to attendee  
  
 Tel (home) : \_\_\_\_\_  
 Tel (work) : \_\_\_\_\_  
 Cell : \_\_\_\_\_  
  
 Preferred contact : WORK / HOME / CELL  
  
 Email address : \_\_\_\_\_  
 Fax number : \_\_\_\_\_

A 50% deposit secures your place on your selected training course/s and the remainder of the payment must be paid 2 weeks prior to the course commencement. Refunds for booking cancellation will only be given if your place on the course can be refilled.

Payments can be made via electronic transfer or direct deposit to the following account:

Acc holder : Living Matter Landscaping CC  
 Bank : FNB Rondebosch  
 Branch code : 20 15 09  
  
 Account Number ; 6 222 777 4107  
 Reference : Attendees Initials and Surname

Fax through proof of payment to 086 685 4139 or email to [info@livingmatter.co.za](mailto:info@livingmatter.co.za)

**Terms and conditions**

- 1) This registration form is binding
- 2) Refunds for booking cancellation will only be given if registrants place on the course can be refilled
- 3) Registrants will be liable for the full course fees in case of non-arrival or late cancellation

Attendees Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Payees Signature : \_\_\_\_\_ Date : \_\_\_\_\_

I accept the terms and conditions and undertake responsibility for the payment related to this registration.