BOOKING FORM

On completion of this form please fax or post to Chips Computing Services (Private) Limited.

Company	:
Contact Person	:
Telephone	:
Facsimile	:
Email	:

Please print clearly in BLOCK CAPITALS

STUDENT NAME & SURNAME	COURSE NAME	DATE

Cash/Cheque Amount attached or Purchase Order No.

We acknowledge the clause "We require a minimum of 5 working days notice for cancellation prior to that you will be liable for full course fee".

Signature **Print Name** **Designation**