



WORKSHOP APPLICATION FORM

F-BTGTI-WAF-1.0

Name: _____

Contact Person: _____

Job Title: _____

Company Address: _____

Telephone (Work): _____ (Cell): _____ (Primary): _____

Email: _____

Website: _____

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Course Details

Name of Workshop: _____

Payment Details

Total Fees Payable: \$ _____

Full Payment Deadline: One (1) week prior to the commencement of each training seminar

Cash Credit/Debit Card Cheque Other _____

Cancellation after payment deadline will attract a service charge of 10% of total seminar fees. No refund will be made after the commencement of the workshop. Enrollment is on a space available basis.

Program commencement is contingent on sufficient enrollment; Bars To Go Training Institute reserves the right to cancel a workshop where necessary. In the event that the workshop is cancelled, Bars To Go Training Institute will refund all fees to individuals/sponsors within three (3) weeks of cancellation.

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Declaration

I hereby certify that I have read and understood the information necessary for completing this application and will abide by the terms and conditions of the training seminar.

Signature of Applicant: _____ Date: _____

Authorized Signature _____ Date: _____

Office use only:	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Receipt #: _____