PLEASE COMPLETE AND RETURN TO:

THE TRAINING ADMINISTRATOR – VANESSA BONHOMME

TEL: (+27 11) 652 3206 / FAX. 086 506 2896
Email: vanessa.bonhomme@siemens.com

SITRAIN – Training for Industry
300 JANADEL AVENUE, HALFWAY HOUSE, 1685
or
PRIVATE BAG X71, HALFWAY HOUSE, 1685

Payment Terms & Conditions:

Please note that in accordance with our internal audit requirements an Official Purchase Order is required for every course booking. This booking form must be accompanied by a Purchase Order Number or an Official Purchase Order generated by your order system.

Without the Purchase Order Number or Official Purchase Order we are not permitted to invoice for the course and subsequent to this we cannot confirm course attendance. We will unfortunately have to turn away delegates who arrive for courses if we have not received a Purchase Order for their respective course bookings.

We are aware that some of our customers do not generate Purchase Orders. If this is the case, we then require a communication on an official letterhead stating that they do not provide Purchase Orders and that we are permitted to invoice based on the course attendees name/s.

Terms and conditions are available on request.

Should you require more info or our terms and conditions please contact Vanessa Bonhomme on +27 (0) 11 652 3206 or email: vanessa.bonhomme@siemens.com

You’ll find further course information at www.sitrain-learning.siemens.com/ZA

Do you have any questions?
We will be happy to advise you personally!

SITRAIN customer service
Vanessa Bonhomme
Phone: +27 11 652 3206
E-Mail: vanessa.bonhomme@siemens.com
Web: www.sitrain-learning.siemens.com/ZA
**SITRAIN course registration:**

Herewith I register the following participant/s on the following course/s:

<table>
<thead>
<tr>
<th>Course title</th>
<th>Course start</th>
<th>Course finish</th>
<th>Location</th>
<th>Delegates full names</th>
<th>Order Number</th>
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1. Participant  
First and last name of the participant
Department  
Phone  
E-mail (please specify)

2. Participant  
First and last name of the participant  
Department  
Phone  
E-mail (please specify)

3. Participant  
First and last name of the participant  
Department  
Phone  
E-mail (please specify)

4. Participant  
First and last name of the participant  
Department  
Phone  
E-mail (please specify)

5. Participant  
First and last name of the participant  
Department  
Phone  
E-mail (please specify)
INVOICING DETAILS:

Company
Address
Postal code                             Location
Contact name
E-Mail                                  Phone
VAT number
Additional information

COMPANY PHYSICAL ADDRESS

Company
Address
Postal code                             Location

☐ Please add me to your distribution list and inform me about special offers!

☐ Please send me the current training schedule
   (also available for download on www.sitrain-learning.siemens.com/ZA)

- I understand and accept the terms and conditions of training as listed

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<tr>
<th>Print First &amp; Last Name:</th>
<th>Signature</th>
<th>Date:</th>
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