

BUYER BACKED SUPPLY CHAIN FINANCE

OCTOBER 2022

REGISTRATION DETAILS

Company name _____

Postal Address _____

Tel. _____ Other _____

DELEGATE DETAILS:

NAME	INSTITUTION	DESIGNATION	TEL	EMAIL ADDRESS

AUTHORISATION	
I CERTIFY THAT I HAVE READ AND UNDERSTOOD ALL DETAILS, TERMS AND CONDITIONS OF THIS COURSE	
NAME _____	
POSITION _____	
SIGNATURE _____	DATE _____

METHOD OF PAYMENT (Please tick)	
<input type="checkbox"/> EFT	<input type="checkbox"/> BANK DRAFT

Places cannot be guaranteed until full payment has been received. An invoice will be sent upon receipt of this nomination form. Please note, payments must be received prior to course start to facilitate programme logistics.