



## Fox IT Service Management Course and Exam Booking Form

Please send this form by email to [info@foxitsm.co.za](mailto:info@foxitsm.co.za) or fax to: +27 (0)86 626 1591

**Company and Invoicing Details** (The invoice will be sent to the contact person given below)

<b>Company name/ Private Individual</b>		
<b>Finance Contact</b>		
<b>Email</b>		
<b>Address</b>		
<b>Postal code</b>		

<b>Telephone No.</b>	
<b>VAT Number</b>	
<b>PO Number</b> (attach copy of order)	
<b>Date</b>	

*We are unable to confirm your booking without payment details or a copy of the purchase order*

Delegate 1:	
<b>Delegate Surname</b>	
<b>Delegate Name(s)</b>	
<b>Cell Number</b>	
<b>Job Title</b>	
<b>Email Address</b>	
<b>Alternative Email</b>	
<b>Course or Package</b>	
<b>Course Delivery Option</b>	
<b>Course Date(s)</b>	
<b>Exam Required (Y/N)</b>	
<b>Exam(s)</b>	
<b>Exam Date(s)</b>	
<b>**Dietary Requirement</b> (Public Course Attendees Only)	
<b>Disability</b> (if applicable)	
<b>Cost (Excl. VAT)</b>	

Delegate 2:	
<b>Delegate Surname</b>	
<b>Delegate Name(s)</b>	
<b>Cell Number</b>	
<b>Job Title</b>	
<b>Email Address</b>	
<b>Alternative Email</b>	
<b>Course or Package</b>	
<b>Course Delivery Option</b>	
<b>Course Date(s)</b>	
<b>Exam Required (Y/N)</b>	
<b>Exam(s)</b>	
<b>Exam Date(s)</b>	
<b>**Dietary Requirement</b> (Public Course Attendees Only)	
<b>Disability</b> (if applicable)	
<b>Cost (Excl. VAT)</b>	

\* The Course confirmation will be sent to the delegates and if required to the training department and/or HR department given in the alternative email address field above

\*\* (We don't feed attendees re-writing Examinations as punishment for failing the first time ☺) Please do not enter "Food Please" or "As much as Possible" as whilst this is humorous we're really looking for answers such as Vegetarian, Gluten-free, low fat etc. etc. We unfortunately don't cater for Halaal meals, but kindly notify us if vegetarian meals would be suitable in this case.

By signing or completing the above, I am confirming that I am duly authorised to do so. I have read and accept the Fox IT Service Management standard terms and conditions that can be found at [www.foxitsm.co.za/the-legal-stuff](http://www.foxitsm.co.za/the-legal-stuff)



## Fox ITSM Course and Exam Booking Form

Delegate 3:	
Delegate Surname	
Delegate Name(s)	
Cell Number	
Job Title	
Email Address	
Alternative Email	
Course or Package	
Course Delivery Option	
Course Date(s)	
Exam Required (Y/N)	
Exam(s)	
Exam Date(s)	
**Dietary Requirement (Public Course Attendees Only)	
Disability (if applicable)	
Cost (Excl. VAT)	

Delegate 4:	
Delegate Surname	
Delegate Name(s)	
Cell Number	
Job Title	
Email Address	
Alternative Email	
Course or Package	
Course Delivery Option	
Course Date(s)	
Exam Required (Y/N)	
Exam(s)	
Exam Date(s)	
**Dietary Requirement (Public Course Attendees Only)	
Disability (if applicable)	
Cost (Excl. VAT)	

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**Banking Details:**

A/C name: Fox ITSM South Africa  
 First National Bank  
 Account: 62343951499  
 Branch Code: 25-06-55  
 A/C Type: Cheque

Authorised Signature: .....

Designation: .....

Print Name: .....

Date: .....

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