

FLEET MANAGEMENT COURSES & DRIVER TRAINING

BOOKING FORM

COMPANY DETAILS	
Name of Booking Official:	
Job Title:	
Organisation's Name:	
Address	
Tel:	Email:

DELEGATE 1	
Surname:	First Name:
Job title:	Course Title:

DELEGATE 2	
Surname:	First Name:
Job title:	Course Title:

DELEGATE 3	
Surname:	First Name:
Job title:	Course Title:

METHOD OF PAYMENT	
<input type="checkbox"/>	Invoice my company (attach signed L P O) LPO number
<input type="checkbox"/>	Cheque (attached/on registration) payable to S A Logistics Ltd
TOTAL: Shs	

BOOKING CONDITIONS

Provisional bookings can be made by telephone but must be confirmed prior to the course. Bank details shall be provided for organizations wishing to make direct payment.

Please return to: The training coordinator
SA Logistics limited
112 Bukoto Street, P O Box 2980 Kampala
Tel: 0414-535658 or 0772-691845
info@salogistics.co.ug