REGISTRATION FORM

To secure your place at this this training workshop – please complete and sign the following and email the booking form to support@ahasa.org
Our standard procedure is to acknowledge receipt of registration in writing.
If you have not received same, please contact us to confirm we have received your registration before incurring any additional expenses.

Workshop Name:	**SELL SMARTER, NOT HARDER: BUSINESS DEVELOPMENT & CONSULTATIVE SELLING FOR HEALTHCARE RECRUITMENT AGENCIES**	**Date:**	**09 July 2026**
Company Name :		**Tel No:**	
Postal Address:			
Physical Address:			
Vat no:		**Purchase Order No:**	

Terms and Conditions: The accepted applications to attend the AHASA TRAINING are in every case subject to these terms and conditions. **Payment:** Payment must be made in full in advance. **Cancellations:** Cancellation must be made in writing and received by AHASA 5 working days prior to the course start date. Transfer fees may be charged in the case of transfers to another programme. **Any cancellation or transfer instruction received less than 5 days prior to the course/workshop start date, do not entitle the cancelling or transferring delegate to any refund or credit note and the full fee must be paid. Non-attendance on all or any one of the workshop days without written cancellation will result in no entitlement to any refund or credit and the company / delegate will be liable for the full fee.** **Indemnity:** AHASA is absolved and indemnified against any loss or damage as a result of alteration or cancellation/postponement of any seminar arising from any cause whatsoever, including without limitation, any fortuitous even, Act of God, unforeseen occurrence or any other event that renders performance of the event impracticable or impossible. A "fortuitous event" includes, but is not limited to, war, fire, meals, riot, industrial action, extreme weather or other emergency. **Warranty of Authority:** The signatory warrants that he/she has the authority to sign this Application and agrees to be personally liable to AHASA for payments falling due pursuant thereto should such warranty is breached. In the event that AHASA is obliged to take action against the participant and his/her employer shall be liable for and shall pay all costs, including attorney and client costs and collection commission. I hereby consent to giving my personal information to AHASA to use my personal information to store and pass it onto third parties if necessary (CRM, LMS, QCTO, SETA, ETQA, SABPP & DHET). AHASA has taken the necessary steps to comply with the provisions of the POPI Act and its regulations by conducting an impact assessment and developing a framework for compliance. In this regard, AHASA warrants that it shall not use the information provided herein for purposes other than those set out in our privacy policy. AHASA advises that in addition to the fields of information required below to deliver in terms of this agreement, it shall also require learner details in order to comply with the statutory requirements of, inter alia, the Skills Development Act and the systems requirements of our Learner Management System. In the absence of this information, AHASA may not be able to deliver against its mandate. Furthermore, by accepting the terms of this agreement, you also understand and accept that AHASA may have to further process the personal information received in this and other associated documents by transmitting it to other organisations as may be required such as SETA's, ETQA's, Professional Bodies and the like. In the event that you or any data subject wish to engage with our Information Officer and/ or access our Privacy Policy, please visit our website www.ahasa.org

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DELEGATE DETAILS				
	Delegate Name	**ID Number**	**Email**	**Cell No.**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I acknowledge that I have read, understood and accept the Terms and Conditions (including Payment Terms) and hereby apply for registration on behalf of myself (if a single delegate) or on behalf of the undermentioned organisation which I am duly authorised to represent.

Name of Organisation:	**Date:**
Name of person responsible for Payment:	**Email:**
Job Title (specific):	
Signature:	

FEE EXCLUDING VAT PER DELEGATE OR GROUP BOOKING (Please select an option)					**COST/ DELEGATE**	**TOTAL**
PER DELEGATE: _____ (insert no. of delegates)	**Member R850.00**	**Non Member R1200.00**	**GROUP BOOKING 2+: ____** (insert no. of delegates)	**Email support@ahasa.org for details**	R	

HOW DID YOU FIND OUT ABOUT THIS COURSE?	**E-mail:**	**Website:**	**Other :**