

APPLICATION FORM

<https://growthpoint.org/>

P.O. Box 821, Lanseria 1748

Tel: +27 82 414 7434

Email: info@growthpoint.org

I _____ hereby make application to attend
TRANSCENDENCE – Overcoming Fear of the Unknown Live Zoom Workshop.

The Workshop starts on May 6th, 2021 and will be held for 6 weeks at 7pm SAST until 8:30pm

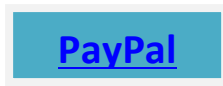
- Session 1: Thursday May 6th
- Session 2: Thursday May 13th
- Session 3: Thursday May 20th
- Session 4: Thursday May 27th
- Session 5: Thursday June 3rd
- Session 6: Thursday June 10th

The conditions on which TAG Training International (TAG) agrees to conduct the above mentioned program are:-

The non-refundable discounted fee of R4500- four thousand, five hundred rand per participant is payable on application.

Confirmation of the above date is subject to availability of seats. On receipt of this application should the above workshop be fully booked; the option will be given to attend at a later date or to receive a full refund.

ID Number _____



Banking details:
FNB Broadacres
Account: D P Wylie
Account # 62550634250
Branch code: 204809

Name _____

Address _____

Post Code _____ Tel: home _____ Work _____

Cell _____ Email _____

Client undertakes to uphold all the intellectual property rights of TAG and all participants in the above-mentioned workshop and agrees to complete non-disclosure of any information client will be privilege to.

This document comprises the entire agreement between CLIENT and TAG and no other agreement shall be binding on the parties save one in writing signed by the parties.

By signing the application form, you confirm that you are attending the workshop of your own choice and that you are responsible for yourself; and whatever you do during the workshop and thereafter.

Growthpoint Organization, TAG Training International and its representative do not accept any liability for loss or damage of whatsoever nature arising out of your attendance.

I promise to uphold all the terms of this agreement.

Signature of client _____ Date _____

Accepted for and on behalf of TAG _____ Date _____

To confirm your spot, complete the registration form and email to info@growthpoint.org along with your proof of payment.