Application Form

https://grwothpoint.org
Tel: +27 82 414 7434
Email: david@growthpoint.org

I, _____ having the authority to do so, hereby make application to to attend the TAG: The Key workshop on 17 October 2026 from 08.30 to17.00 at the Growthpoint Training Centre, Crocodile River Reserve, Lanseria _____

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

1. The fee of R5000. per delegate is non-refundable and is payable on application.
2. The failure to attend does not afford the client any right to attend a subsequent course.
3. TAG or it's duly appointed representative reserve the right to introduce and enforce such rules and regulations as may be necessary to ensure the maximum effectiveness and efficient running of such a course.
4. 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.
5. 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.

Banking Details
FNB Broadacres
Account D P Wyllie
Acc# 62550634250
Branch code 204809

ID Number _____

Name _____

Address. _____

Post Code _____ Tel: Home _____ Work _____

E-mail _____ Cell _____

Dietary Requirements _____

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.

By signing this application form you confirm that you are attending this workshop of your own choice, and that you are responsible for yourself and whatever you do during the workshop and thereafter. TAG and its representative do not accept responsibility for any loss or damage arising out of your attendance at our premises and or other venue, for whatever purpose, including personal effect and possession; illness or harm.

I promise to uphold this agreement.

Signature of client _____ dated _____

Accepted for and on behalf of TAG _____ dated _____

Email completed form along with confirmation of payment to david@growthpoint.org