

Registration Form

For ILAMM®

Title: _____
First name: _____
Surname: _____
School: _____
Position title: _____
Postal address: _____

School tel: (_____) _____
Home tel: (_____) _____
Fax No.: _____
Cell: _____
Email: _____
Highest qualification: _____

Contact details for your school:

School tel: _____
School fax: _____
School email: _____
School web address: _____

Where did you hear about Knowledge Network®?

Have you attended a course at Knowledge Network® before? _____

Course and payment details

Starting date: _____
Tax invoice made out to: _____

Course fee: _____
Enquiry No.: _____

Payment amount: _____
In full: _____

How and when will you be paying for your course?

Cash _____ on _____
Cheque _____ on _____
Bank Deposit _____ on _____
Electronic payment _____ on _____

Signed by: _____

Name

Date

Knowledge Network® IT Learning System ILAMM® (Integrated Learning and Mentoring Methodology)

Initial next to the Grade / Year / Programme that applies to you:

Initial here	For Internal use only Material prepared
Pre-school	
Grade 00	
Grade 01	
Grade 02	
Grade 03	
Grade 04	
Grade 05	
Grade 06	
Grade 07	
Grade 08	
Grade 09	
Grade 10	
Grade 11	
Grade 12	

Resource Toolkit

Pre-School	
Grade 01 to 03	
Grade 04 to 07	
Grade 08 to 12	
Educator-definable	

Authorised by: _____

Name of Principal: _____

Signature of Principal: _____

School stamp: _____

How to book, register and pay

- Phone Knowledge Network® to book for your course.
- Complete the Registration Form.
- Fax your Registration Form to Knowledge Network® on 011 803 - 9117.
- An invoice will be generated for you.
- When you have received the invoice, make arrangements for your payment.
- Payment for the course is required in advance of the course starting date.
 - If you are paying by cheque, allow for sufficient time for the cheque to be cleared before the course starting date.
 - If you are paying by bank deposit, write your Invoice No. in the reference section on the deposit slip. Please fax your deposit slip to Knowledge Network® on 011 803 - 9117.

For internal use only

Payment received on: _____

Payment in the name of: _____

Knowledge Network® Rec. No.: _____ Enq. No.: _____

Knowledge Network® Invoice No.: _____ Amount: _____

Notes (if any, about special requests for refreshments, or lunches where provided as part of the course fee, or contact times.)