



Landover Aviation Business School

LABS/F/02

CORPORATE BOOKING FORM

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

FAX NUMBER(S): _____

CONTACT PERSON: _____ DESIGNATION: _____

PROPOSED NUMBER OF DELEGATES: _____

Please provide details of reservations as requested below:

1. Course Title: _____ Course date: _____

Delegate's full name: _____ Title: _____
(Underline surname)

Job Title: _____

2. Course Title: _____ Course date: _____

Delegate's full name: _____ Title: _____
(Underline surname)

Job Title: _____

3. Course Title: _____ Course date: _____

Delegate's full name: _____ Title: _____
(Underline surname)

Job Title: _____

4. Course Title: _____ Course date: _____

Delegate's full name: _____ Title: _____
(Underline surname)

Job Title: _____

Authorizing Officer: _____

Designation: _____ Signature & Company Stamp: _____

TERMS AND CONDITIONS

Payment of appropriate tuition fees is required for enrolment.

Enrolment and Tuition fees are refundable on the merit of each case not later than 5 working days to the Course commencement date, and if refund is granted a 25% Admin Charge would be deducted.

Students may apply for an alteration in their enrolment not later than 2 weeks to course commencement date. Enrolment and tuition fees are non-refundable in cases where students are unable to attend their courses.

Students must adhere to the Schools rules and regulations. A brochure containing school rules and regulations will be provided on enrolment.

Students must have 80% School Attendance to qualify for the Landover Certificate or 80% pass grade to qualify for Certificate of merit.

Students should note that Certificate will be issued based on the name indicated in Column A above. The company will not accede to any request that same be re-issued in a name other than that stated.

Signature: _____ Date: _____

Scan and mail completed form to trg@landover.aero or fax to 01 - 2707548