



**PROACT INTERNATIONAL  
COURSE RESERVATION FORM**

*(To be filled and sent back to us before the training date as booking confirmation)*



COMPANY/ORGANISATION	
TELEPHONE/ FAX	
PHYSICAL LOCATION:	
EMAIL ADDRESS:	
COURSE APPLIED FOR:	

TRAINING DATES:	VENUE:
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*Please reserve a place/s for the following participant/s:*

NAME	JOB TITLE	TEL
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

***Payments should be made before the training date in favour of "PROACT INTERNATIONAL"***

***(ALL BOOKINGS SHOULD BE ACCOMPANIED WITH PAYMENT)***

Nominated by:	Position:
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I acknowledge and accept the above booking conditions: SIGNED: \_\_\_\_\_

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Wire Transfer Information: \_\_\_\_\_ Stamp/ Date

**To confirm your booking, please send your approved reservation form at [info@proactint.com](mailto:info@proactint.com) copy [proactint@gmail.com](mailto:proactint@gmail.com)  
RSVP: Registrar, Tel : +256 414 371 855, +256772567708, +1 (913) 498-3402, +27833045501, + 33610675905**