



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:

*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 in favour of "PROACT INTERNATIONAL" to Stanbic Bank Uganda Limited A/c No: US Dollars: 9030006592197 Swift Code: SBICUGKX.**

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

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

Wire Transfer Information: _____	Stamp/ Date
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**RSVP: Secretary, Tel : +256 414 371 855 Cell: +256 772 567 708, Fax: +256 414371855,  
Email: [info@proactint.com](mailto:info@proactint.com) Web: [www.proactint.com](http://www.proactint.com)**