



Individual Booking Form

Course details

Course: **Spirometry Training**

Date: _____ Venue: _____

Student details

Student name (first, middle & surname): _____

Title (Dr, Mr, Mrs, Miss, Ms): _____ Date of birth: _____

ID or passport number: _____

Home address: _____

Work address: _____

Nationality: _____ Country of residence: _____

Phone number: _____ Mobile number: _____

Email address: _____ 2nd email address: _____

Gender: _____ Home Language: _____

Disability/ special needs: _____ Diet: _____

Invoicing details

Person or Company responsible for payment: _____

Invoice to be made out to: _____

Vat No: _____ Comp Reg No: _____

Address: _____

Email: _____ Landline No: _____

To confirm your booking please forward the following to info@panafricanthoracic.org :

1. Completed booking form
2. Proof of payment

You will receive confirmation via email of course date, time, place and all other necessary details.

Agreement to terms, conditions and indemnity:

In confirming this booking, I hereby indemnify the Pan African Thoracic Society (PATS) for any claim that may arise against us for any loss, damage (direct or indirect) loss of profits, costs, expenses and/or liability of whatever nature and however arising or caused which PATS or any third party may suffer, incur or sustain or which may arise, directly or indirectly as a result of the personal injury or death of our employees and/or representatives whilst they undertake training presented by PATS. I am aware that it is my responsibility to contact PATS if I do not receive an acknowledgement to this booking. I agree to my details being added to PATS database so that information relating to my booking can be sent to me.

Student signature: _____ Date: _____

Payment details

Bank: **First National Bank**

Account Name: **Pan African Thoracic Society**

Branch code: **255355**

Account No: **62811636531**

Swift Number: **FIRNZAJJ**

Please use your name as the deposit reference