Discovery Healthy Company workshop booking form



Please complete and return the form to **healthycompanybookings@discovery.co.za**. If you have any questions, please contact Healthy Company on **healthycompanybookings@discovery.co.za**

1. Person responsible for arranging the workshop		
Name		
Surname		
Contact number		
Email address		
2. Workshop information		
Workshop being requested	Physical Wellbeing Emotional Wellbeing Financial Wellbeing Legal	
	Social Wellbeing Safety Wellbeing	
Workshop topic		
Workshop format 1 ho	our Talk 2 hours interactive presentation 4 hours engaged workshop	
Workshop place Face to	Face Webinar	
Number of staff attending		
Staff layer		
Demographics/Type of business Physical address for workshop to be	e conducted if the workshop will be face to face	
Three potential dates and times for t	he workshop	
What is the reason/need for request	ing the chosen topic?	
3. Invoicing details		
Employer name		
Employer address		

Company name on invoice	
Company VAT number	
Billing person's name	
Email address	
Telephone number	

4. Terms and Conditions

To qualify for a full refund of the cost for the workshop,10 working days notice will need to be submitted.