

# CPD Programme 2011/12 – Registration form

**Fax to: Life Entabeni Hospital: Rehabilitation secretary 031 261 3439**

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

HPCSA reg. no.: \_\_\_\_\_ Profession: \_\_\_\_\_

E-mail: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

## Meal requirements

No dietary restrictions     Vegetarian     Halaal     Kosher (rate surcharge of R60)

Other (please state) \_\_\_\_\_

I will be attending the following event/s:

**Assessment and management of adults with spinal cord injury**  
21 September 2011  
R550

**Augmentative and alternative communication (AAC)**  
10 November 2011  
R400

**Demystifying myths in neurological rehabilitation**  
07 March 2012  
R400

Total amount deposited:

Deposit slip attached: Yes

## Bank details

Bank: First National Bank  
Account name: Life healthcare  
Account number: 6202 8049 840  
Branch code: 255005 (250655 for electronic transfer)  
Reference: CPD 558862-3 and name of delegate

*Kindly note places are limited and registration for all events closes two weeks prior to the event or when fully booked.*

**Life Entabeni Hospital**  
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