

CPD programme 2011/12 – Registration form

Fax to : Life New Kensington Clinic: Rehabilitation secretary 011 614 3037

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:

Ethics and disability
20 October 2011
R350

Augmentative and alternative communication (AAC)
17 November 2011
R500

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 transfers)
Reference: CPD 558862-4 and name of delegate

Kindly note places are limited and registration for all events closes 2 weeks prior to the event or when fully booked.

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