

CPD programme 2011/12 – Registration form

Fax to : Life Pasteur Hospital: Rehabilitation secretary – 051 522 6605

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:

**Management of cerebellar lesions
in adults**
22 September 2011
R350

**Assessment and management of
adults with spinal cord injury**
23 February 2012
R450

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 558862-5 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 Pasteur Hospital
54 Pasteur Drive, Hospital Park, Bloemfontein, 9301
Tel: 051 520 1230
Fax: 051 522 6605
E-mail: rehab.pasteur@lifehealthcare.co.za

www.rehab.co.za