

CPD programme 2011/12 – Registration form

Fax to: Life Riverfield Lodge: Rehabilitation secretary – 086 674 3981

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 co-morbid neuropsychological
conditions**
23 February 2011
R500

**Continence management
in neurological impairment**
28 March 2012
R300

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 558862-6 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.

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Fax: 086 674 3981
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www.rehab.co.za