

CPD programme 2011/12– Registration form

Fax to : Life St Dominic's Hospital: Rehabilitation secretary – 043 722 6321

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:

**Assessment and management of adults
with acquired neurological impairment**
7 September 2011
R600

**Assessment and management of
adults with spinal cord injury**
28 November 2011
R600

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 558862-2 and name of Delegate

Kindly note places are limited. Places can only be confirmed upon receipt of full payment.

Life St. Dominic's Hospital

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Fax: 043 722 6321

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www.rehab.co.za