

CPD programme 2011/12 - Registration Form

Fax to: Rehabilitation secretary Life Vincent Pallotti Hospital 086 686 0441

Name: _____ Surname: _____

HPCSA reg. no.: _____ Profession: _____

E-mail: _____ Tel: _____ Fax: _____

Company name: _____

Address: _____

_____ Postal code: _____

Meal requirements:

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

Other (please state) _____

I will be attending the following event:

**Aquatic therapy in adult orthopaedic
and neurological impairment**
26 - 27 November 2011
R750

**Dysphagia management of
adults with neurological
impairments**
9 February 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 558862-7 and name of delegate

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

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