

# REGISTRATION FORM

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| Please note that a separate form is required for each delegate.  Please complete by typing and then **signing the registration form and fax to: 086 518 0281.** After receipt of registration form and payment a confirmation of attendance will be emailed to the delegate.  Please refer to Section C for payment information.  Please contact us on 011 786-7538 or email [ronel.e@mweb.co.za](mailto:ronel.e@mweb.co.za) for any registration related queries. | | | | | | | | | | | | | | | | | | | | | | | |
| WORKSHOP PARTICIPANT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| Last name: | | | | | | | | First: | | | |  | | ❑ Mr.  ❑ Mrs. | ❑ Miss  ❑ Ms. | | | | Marital status (circle one) | | | | |
|  | | | | | | | | | | | | | | Single / Mar / Div / Sep / Wid | | | | |
| e-mail address | | | | Cell phone no | | | | | | | Landline contact no | | | | | Birth date: | | | | Age: | | Sex: | |
|  |  | | |  | | | | | | |  | | | | | / / | | | |  | | ❑ M | ❑ F |
| Street address: | | | Home phone no.: | | | | | | | | | | | | | | | | | | | | |
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| P.O. box: | | | | | | City: | | | | | | | Province: | | | | | Postal Code: | | | | | |
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| Occupation: | | | | | | Employer: | | | | Employer phone no.: | | | | | | | | | | | | | |
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| Referred by: | | | | | | | | | | | | | | | | |  | | | | | | |
| ❑ Family | | ❑ Friend | | | ❑ Family advocate | | | | ❑ Attorney | | | | ❑ Psychologist or social worker | | | |  | | | | ❑ Other | | |
| Other family members attending: | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| payment details | | | | | | | | | | | | | | | | | | | | | | | |
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