

# REGISTRATION FORM

|  |
| --- |
| 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 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.: |
| ( ) |
| P.O. box: | City: | Province: | Postal Code: |
|  |  |  |  |
| Occupation: | Employer: | Employer phone no.: |
|  |  | ( ) |
| Referred by: |  |
| ❑ Family | ❑ Friend | ❑ Family advocate | ❑ Attorney | ❑ Psychologist or social worker |  | ❑ Other |
| Other family members attending: |  |
|  |
| payment details |
|

|  |
| --- |
| **REGISTRATION WILL ONLY BE FINAL AFTER FULL PAYMENT HAS BEEN RECEIVED.****THE DEPOSIT SLIP/ PROOF OF PAYMENT MUST BE FAXED/ EMAILED TO:****FAX: 086 518 0281 EMAIL:** **ronel.e@mweb.co.za** |
| BANK | Standard | ACCOUNT NAME | **P.M. Duchen Practice Account** |
| BRANCH | Norwood | ACCOUNT NUMBER | 401026116 |
| BRANCH CODE | 006105 | TYPE OF ACCOUNT | Current |
| REFERENCE | ***Please remember to fill in your surname and initials as reference on the deposit slip.*** |
|  |  |
| **CARD PAYMENTS** | TYPE OF CREDIT CARD: | MASTER |  | VISA |  |
|  | BUDGET FACILITY TO BE USED? | YES | NO | 3 MONTHS |  | 6 MONTHS |  | 12 MONTHS |  |
|  | EXPIRY DATE  |  | CVV2 NUMBER |  |
|  | CARD HOLDER NAME |  | CARD NUMBER |  |
| Amount | R1450 ❑ | Date of workshop |  |  |
| Signed by: (Name of delegate) |  | Signature: |  | Date: |  |
| **RULES FOR REGISTRATION** |
| 1. The registration form is binding. Once you have signed and returned it, you are liable to pay the registration fee.
2. Registration closing dates are non-negotiable.
3. Please note that you can only qualify for a specific rate if payment is **received** on or before the closing date for that registration period.
4. Cancellations will only be accepted up to seven days prior to the start of workshop/conference. Any cancellations after this date will not \

be refundable. 1. A fee of R250 per delegate is payable for every cancellation.
2. Substitutions are welcome. A handling fee of R150 is payable for each substitution.
3. The person whose name appears in the delegate information section on this form is the one who will be registered and held responsible

 for payment.1. Delegates who supply the incorrect names for certificates or who require changes after certificates are issued will be charged for printing, packaging, posting and handling of certificates.
 |

 |