REGISTRATION FORM

**Take note that all information in this registration form will be treated confidentially**

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| C:\Users\Linda\Desktop\Final-02.png | **Annual General Meeting** |

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| --- | --- | --- | --- | --- |
| DATE: | | 20 August 2017 | | |
| TIME: | | 09:00 – WELCOME AND TALK BY DR DORET KIRSTEN ON THE DSM – V  11:30 – AGM (If you only attend the AGM - attendance free) | | |
| VENUE: | | Children’s Memorial Institute  Cnr. Empire Road & Joubert Street Ext, Braamfontein, Johannesburg | | |
|  | |  | | |
| COST: | R150 | | Paid up EPASSA member | |
|  |  | | | |
|  | R300 | | Non-paid up EPASSA member/psychologist | |
|  | |  | | |
| **CPD Points 4** | | | | **CPD ETHISCS points have been applied for** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | Surname: | |  | | | | |
| Mobile No.: | |  | | | | | Office No.: | | |  | | | |
| e-mail address: | | |  | | | | | | | | | | |
| HPCSA No.: | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | |
| Dietary requirements: | | | | Halaal |  | Kosher | |  | | | Vegetarian |  |  |
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| --- | --- | --- | --- |
| I am a paid up EPASSA member |  |  | R150 |
|  |  |  |  |
| I am a non-paid up EPASSA member/psychologist |  |  | R300 |
| I am only attending the AGM at 11:30 |  |  | Free |

Registration deadline – 16 August 2017

Bookings will be confirmed once **proof of payment** is received together with completed registration form. Confirmation email will be sent following payments received. If you do not receive a confirmation email, please contact us immediately.

**Please send proof of payment and registration form to: Denise at epassainfo@epassa.net**

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| **Bank Details:** | Educational Psychology Association of South Africa  Standard Bank – Sandton City  Branch Code 018105  Account # 027095045  Ref: [Your name] |

Any cancellations must be made in writing before 16 August 2017. Thereafter no refunds will be given.