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 | **Cape Town Workshop** |

|  |  |
| --- | --- |
| DATE: | 22 October 2017 |
| TIME: | 08:30 |
| VENUE: | Milnerton High School, Cape Town |
|  |  |
| COST: | R700 | Paid up EPASSA member |
|  |  |
|  | R850 | Non-paid up EPASSA member/non EPASSA memberHealth care professions (e.g. Therapists, Doctors etc.) |
|  |  |
|  | R450 | Students, Psychometrists, Counsellors and Social Workers |
|  |  |
| CPD Points | CPD points have been applied for |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Surname: |  |
| Mobile No.: |  | Office No.: |  |
| e-mail address: |  |
| HPCSA No.: |  |
|  |  |
| Dietary requirements: | Halaal |  | Kosher |  | Vegetarian |  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| I am a paid up EPASSA member |  |  | R700 |
|  |  |  |  |
| I am a non-paid up EPASSA member/ not an EPASSA member |  |  | R850 |
|  |  |  |  |
| I am a Health Care professional (e.g. Therapists, Doctors etc.) |  |  | R850 |
|  |  |  |  |
| I am a Student, Psychometrist, Counsellor, Social Worker |  |  | R450 |

Registration deadline – 16 October 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:** **epassainfo@gmail.com**

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| **Bank Details:** | Educational Psychology Association of South AfricaStandard Bank – Sandton CityBranch Code 018105Account # 027095045Ref: [Your name] |

Any cancellations must be made in writing before 18 October 2017. Thereafter no refunds will be given.