REGISTRATION FORM

**Take note that all information in this application will be treated confidentially.**

|  |  |
| --- | --- |
|  | **Conference**  **3 – 4 March 2017** |

DATE: 3-4 March 2017

TIME: Friday: 07:30 – 17:00

Saturday: 08:00 – 17:00

VENUE: Birchwood Hotel (for directions visit www.birchwoodhotel.co.za)

|  |  |  |
| --- | --- | --- |
| COST: | R2 200 | paid up EPASSA members |
|  |  |  |
|  | R2 500 | non paid up members  non members  health Care professionals (e.g. therapists, doctors) |
|  |  |  |
|  | R1 600 | Students, Psychometrists, Counsellors and Social Workers |

CPD Points have been applied for.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Surname: |  | | | | |
| Mobile No.: |  | | | | |
| Office 🕾 No.: |  | | | | |
| E-mail address: |  | | | | |
| HPCSA Registration No.: |  | | | | |
| Special dietary requirements: |  | | | | |
| Halaal |  | Kosher |  |

|  |  |  |
| --- | --- | --- |
| I am a paid up EPASSA member |  | R2 200 |
|  |  |  |
| I am a non paid up EPASSA member/  Non-member/Health Care professional |  | R2 500 |
|  |  |  |
| I am a student/Psychometrists/Counsellor/Social Worker |  | R1 600 |

Registration deadline – 22 February 2017

Bookings will be confirmed once **proof of payment** is received together with completed registration form. Confirmation emails 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**

Banking Details: Educational Psychology Association of South Africa

Standard Bank – Sandton City

Branch Code 018105

Account # 027095045

**Any cancellations must be made in writing before 24 February 2017. Thereafter no refunds will be given.**