

MILTON H ERICKSON INSTITUTE OF STELLENBOSCH

REGISTRATION FORM

FOR _____ COURSE/WORKSHOP/TRAINING

ON ____|____|20____ - ____|____|20____

REGISTRATION DETAILS	
Name & Surname (as to appear on certificate)	_____
Occupation	_____
HPCSA Registration Number	_____ SACSSP _____
ID Number	_____
Postal Address	_____
Telephone (W)	_____ (H) _____
Mobile	_____ Fax _____
E-mail address	_____

PAYMENT DETAILS	
PLEASE EMAIL PROOF OF PAYMENT TO docstef@iafrica.com	
BANKING DETAILS	
Holder	Dr S Badenhorst
Bank	ABSA
Number	710 244 197
Branch	Strand
Branch Code	632 005
Type	Cheque
Stellenbosch E-mail: docstef@iafrica.com Tel: 021 880 2423 Fax: 086 689 7740	

TERMS AND CONDITIONS

- * Only a **fully completed & signed registration form** and **proof of payment** guarantee registration
- * Bank & administration costs incurred will be for the participants account
- * Training courses will include refreshments and certificates but does not include lunch, unless otherwise stated
- * I give consent that my email address can be provided to Medpages as they assist with marketing.
- * Unforeseen circumstances may necessitate the appointment of presenters other than those advertised
In such an unlikely event of extra-ordinary circumstances, fees will not be refunded
- * Event date(s), time, venue and topics are subject to change (in case of unforeseen circumstances)
- * In the event of cancellation after registration no refunds will be made

YOU HAVE TO ATTEND THE FULL COURSE TO RECEIVE YOUR CERTIFICATE

The organisers will do everything possible to ensure that your attendance will be as comfortable as possible. The organisers cannot be held responsible for any loss, injuries, damage or inconvenience experienced by participants.

I hereby confirm that the information supplied is correct and that I agree to the terms and conditions stipulated on this registration form. I accept personal responsibility for payment of the relevant fees.

Signature

Date