



NPO 003-941 | PBO 930006731

REGISTRATION FORM: EPILEPSY AWARENESS & DISABILITY SENSITISATION WORKSHOP

Date: 30 May 2019

Venue: Epilepsy SA Western Cape, Corner of Cotte & Govan Mbeki Roads, Wetton

Presenter: Adrienne Robinson

PLEASE WRITE CLEARLY

Name: _____

Institution/Profession (compulsory): _____

SACSSP/HPCSA no. (if applicable): _____

Tel: _____

Fax: _____

E-mail: _____

Postal Address: _____

Closing date for registration is 22 May 2019 and proof of payment to be sent by this date.

PLEASE MARK WITH X

Cost of Workshop (no CPD Certificate) R50

Cost of Workshop with CPD certificate R100

Please provide us with an email address as we will email the training notes to you, no hard copies will be provided on the day.

NB Please e-mail registration form and proof of payment for attention:

Adrienne Robinson

Email: socdev2.wc@epilepsy.org.za

Tel: 021 703 9420

Bank details:

Acc Name: Epilepsy South Africa (WC)

Bank: Standard Bank

Acc. No.: 071 288 937

Branch code: 024909

Reference: CPD YourSurname