

CPD registration form 2009

1. Please complete and fax this registration form together with your proof of payment, to **(086) 651-3172** or e-mail **booking@vistacpd.co.za** by the closing date.
2. Payment must be made by direct bank deposit, to:
Vista Clinic Cheque Account
ABSA Bank Centurion
Branch 632005
Account Number 01003563592
3. Ensure that your proof of payment reflects CPD, your name and the date of the CPD you are paying for e.g. **CPD, W.A. Smith - 23 January 2009.**

Click your selection or mark with an X the seminars you wish to attend.

- | | | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <input type="checkbox"/> | Recession, what recession let's gamble. By Susan van Niekerk
Friday, 21 August 2009 - Closing date for registration, 14 August 2009 | R150.00 |
| <input type="checkbox"/> | Assessment and evaluation tools. By Fatima Bhabha
Friday, 18 September 2009 - Closing date for registration, 11 September 2009 | R250.00 |
| <input type="checkbox"/> | Ethics 3/3 Seminar: By Dr B. Hoffman and Prof D. du Toit
Friday, 23 October 2009 - Closing date for registration, 16 October 2009 | R150.00 |
| <input type="checkbox"/> | The relationship between sexual abuse and intimacy. By Sanmarie Lotter and Dr Vollie Spies
Friday, 20 November 2009 - Closing date for registration, 13 November 2009 | R150.00 |

Complete or type all your details. This is vital and will appear on your certificate. *

* Full name(s) [for attendance certificate] _____

* Surname [for attendance certificate] _____

Telephone number (_____) _____

Cellular number _____

e-mail address _____

Statutory council you are currently registered with _____

* Statutory council registration number [for attendance certificate] _____