

# REGISTRATION FORM



## Workshop: Aftercare to addicted persons 16 – 17 July 2015

This serves as a workshop booking between Hugenote Kollege (“the organiser”) and

### SECTION A: DELEGATE

<b>Title:</b>	
<b>Name:</b>	
<b>Surname:</b>	
<b>Postal Address:</b>	
<b>Postal Code:</b>	
<b>Tel Number:</b>	
<b>Mobile Number:</b>	
<b>E-mail Address:</b>	
<b>Language Preference:</b>	

### SECTION B: WORKSHOP

Workshop Fee	R750 (Includes Course Material, Beverages and Light Lunch)
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### SECTION C: BANKING DETAILS

#### Payments can only be made by electronic fund transfers (EFT)

Name of Account: Hugenote Kollege  
Branch: Wellington, South Africa  
Account No: 430 400 126  
Branch Code: 632 005  
Swift Code: ABSA ZA JJ  
**Reference:** Please use the letter “H” followed by your name and surname.

### SECTION D: DECLARATION

I am authorised to make this booking and understand that I am liable for payment of this order as per the terms:

1. Payment must reach the organiser within 48 hour of the booking being made.
2. Cancellation fees are 75% of total course / workshop fee.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Delegate Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE EMAIL OR FAX THE COMPLETED FORM AND PROOF OF PAYMENT TO:**

[iappollis@hugenote.com](mailto:iappollis@hugenote.com) / Fax: 086 691 4017