

BOOKING FORM

Please photocopy this booking form for each learner on each course.

| | | | |
|------------------------|---|--------------------|--|
| COURSE TITLE | Introduction to Dementia – R350.00 | COURSE DATE | |
| NAME OF LEARNER | | JOB TITLE | |
| PLACE OF WORK | | | |
| CONTACT ADDRESS | | | |
| PHONE (DAY) | | | |
| E-MAIL | | | |

What type of organisation/project do you work for? Home Care Day Care Residential Care
 Other (please give details) _____

| SPECIAL NEEDS | HOW DID YOU HEAR ABOUT THIS COURSE? |
|-----------------------------|--|
| Wheelchair Access _____ | I requested information <input type="checkbox"/> |
| Dietary requirements: _____ | A telephone call from Dementia SA <input type="checkbox"/> |
| _____ | A publicity mailing from Dementia SA <input type="checkbox"/> |
| | Dementia SA website <input type="checkbox"/> |
| | Through Dementia SA support group <input type="checkbox"/> |
| | Other (please specify) <input type="checkbox"/> |
| | _____ |

KEEPING IN TOUCH

Joining our mailing list is a great way of keeping up-to-date with news on courses and of specials!

In line with Data Protection legislation, **Dementia SA** will retain details supplied by you securely on computer, will not disclose these details to a third party and use them only for administrative purposes and to provide you with information, about future courses. If you do not wish to receive such information, please tick this box.

REQUEST FURTHER INFORMATION

Advice and information sheets
 Please send me details about making a donation to **Dementia SA**

COST OF COURSE : R350.00 PER PERSON

PAYMENT DETAILS: Payment is required in full before training commences.

Please tick one of the following:

I enclose a cheque for R _____ payable to **Dementia SA**

I am making an EFT payment Please send an invoice **Please send a proof of payment to 021 418-2772**

Name : Dementia SA

Please quote your surname and initial as reference

First National Bank St Georges Mall

Account no. 62103751196

Branch code: 201309

INVOICE DETAILS (if different from above) :

Name

Address

PLEASE RETURN TO : DEMENTIA SA P O BOX 16421 VLAEBERG 8018

TEL : 021 421 0077 / 78

FAX : 021 418 2772

E-MAIL : info@dementiasa.org