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79 Roeland Street  
Cape Town 8001

**Postal Address:**  
P O Box 16421  
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**Email:**  
admindsupport1@dementiasa.org  
& training@dementiasa.org

**DELEGATE BOOKING FORM- COURSE TITLE - INTRODUCTION TO UNDERSTANDING DEMENTIA - 2018**

Please complete all sections in **BLOCK CAPITALS**

|  |   |                                    |                                |
|--|---|------------------------------------|--------------------------------|
| <b>Course Date</b>   |   | <b>Course Cost</b>                 | <b>R786.00 (including vat)</b> |
| <b>Job Title</b>   |   |                                    |                                |
| <b>SACSSP #</b>  | <b>HPCSA #</b>  | <b>SANC #</b>                      |                                |
| <b>Title</b>   | Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> |                                    |                                |
| <b>First Name</b> (as it must appear on your certificate) ( <b>Block letters</b> ) |   |                                    |                                |
| <b>Surname</b> ( <b>Block letters</b> )  |   |                                    |                                |
| <b>ID or Passport Number</b>   |   |                                    |                                |
| <b>Organisation</b>  |   | <b>Contact Name</b>                |                                |
| <b>Street Address</b>  |   |                                    |                                |
| <b>Suburb</b>  |   | <b>City</b>                        |                                |
| <b>Country</b>   |   | <b>Postal Code</b>                 |                                |
| <b>Phone (H) Area Code ( )</b>   |   |                                    |                                |
| <b>Phone (W) Area Code ( )</b>   |   |                                    |                                |
| <b>Cell</b>  |   | <b>Fax</b>                         |                                |
| <b>Email</b>   |   |                                    |                                |
| <b>Special Dietary Requirements</b>  |   | <b>Wheelchair Access</b>           |                                |
| <b>Workbook Language Preference</b>  | English <input type="checkbox"/>  | Afrikaans <input type="checkbox"/> | Xhosa <input type="checkbox"/> |

**INVOICE DETAILS (if different from above)**

|                |  |                    |  |
|----------------|--|--------------------|--|
| <b>Address</b> |  |                    |  |
| <b>Suburb</b>  |  |                    |  |
| <b>City</b>    |  | <b>Postal Code</b> |  |

**Kindly note:** Delegates who are unable to attend the course after registering can nominate a substitute.  
**No** refunds shall be given in the event of not attending the course. Organizers however must be informed in writing of the substitution 4 work days prior.

\_\_\_\_\_  
Signature

**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.  
Please also join us on **FACEBOOK** <http://www.facebook.com/pages/Dementia-SA/181894511872921>  
and follow us on **TWITTER** [https://twitter.com/#!/dementia\\_sa](https://twitter.com/#!/dementia_sa)

**BANKING DETAILS:**

|                                    |   |
|------------------------------------|---|
| <b>Bank:</b>                       | <b>First National Bank: Adderley Street</b> |
| <b>Branch Code:</b>                | <b>201409</b>                               |
| <b>Account No:</b>                 | <b>62103751196</b>                          |
| <b>Swift Code:</b>                 | <b>FIRNZAJJ20140962103751196</b>            |
| <b>Email for proof of payment:</b> | <b>accounts@dementiasa.org</b>              |

