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DELEGATE BOOKING FORM- COURSE TITLE – UNPACKING THE OLDER PERSON'S ACT (Act no 13 of 2006) - 2018

Please complete all sections in **BLOCK CAPITALS**

Course Date		Course Cost	R590.00 (including vat)
Job Title			
SACSSP #	HPCSA #	SANC #	
Title	Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>		
First Name (as it must appear on your certificate) (Block letters)			
Surname (Block letters)			
ID or Passport Number			
Organisation		Contact Name	
Street Address			
Suburb		City	
Country		Postal Code	
Phone (H) Area Code ()			
Phone (W) Area Code ()			
Cell		Fax	
Email			
Special Dietary Requirements		Wheelchair Access	
Workbook Language Preference	English <input type="checkbox"/>	Afrikaans <input type="checkbox"/>	Xhosa <input type="checkbox"/>

INVOICE DETAILS (if different from above)

Address			
Suburb			
City		Postal Code	

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

BANKING DETAILS:

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

