

Date: 20th January 2014

Dear Sir/Madam

**REGISTRATION FORM: "THE ROAD TO INDEPENDENCE MODEL, PROTOCOL & GUIDELINES:
IDENTIFYING THE FUNCTIONAL NEEDS OF THE HEARING IMPAIRED ADULT"
ACCREDITED WITH 5 CPD POINTS**

DATE OF WORKSHOP

12th March 2014.

TIME 8:30AM TO 14:30PM

VENUE

The National Council for Persons with Physical Disabilities
82 Andries Pretorius Street
Eastleigh
EDENVALE.

Presenter: Fanie du Toit and Francis Slabber

Please write clearly

Name: _____

Institution/Profession (compulsory): _____

HPCSA no (if applicable): _____

Tel: _____

Fax: _____

E-mail: _____


Postal Address: _____

**PLEASE COMPLETE THE ABOVE INFORMATION AND RETURN NO LATER THAN 20TH
FEBRUARY 2014 TO SECURE YOUR PLACE.**

		Please mark with X
Workshop	R 300.00	
TOTAL	300.00	

Remember to arrange own transport and accommodation.

NB. Please fax/e-mail registration form and proof of payment for attention:



Michele Tonks
Fax: 0866 133323

E-mail : micheletonks@mweb.co.za
Tel: 082 781 7715

Bank details:

Name: NCPPDSA
Bank: ABSA - CRESTA (CHEQUE)
Acc no: 104 060 3511 **Branch code:** 63 20 05
Ref: H/loss