#### EYE MOVEMENT INTEGRATION : FUNDAMENTAL/ADVANCED

# WORKSHOP REGISTRATION FORM

#### WORKSHOP DETAILS

WORKSHOP NAME

# WORKSHOP DATE

# **EYE MOVEMENT INTEGRATION - FUNDAMENTAL/ADVANCED**

2018

#### PERSONAL DETAILS

TITLE

SURNAME

FIRSTNAME WHICH NAME ON YOUR **CERTIFICATE?** 

# **PROFESSIONAL DETAILS**

**PROFESSION / CATEGORY** 

HPCSA / SACSSP REG NO

# **CONTACT DETAILS**

| POST BOX/STREET |  |
|-----------------|--|
| CITY            |  |
| POSTAL CODE     |  |
| TELEPHONE (W)   |  |
| MOBILE PHONE    |  |
| E-MAIL          |  |
|                 |  |

# **TERMS AND CONDITIONS**

- > Only a fully completed & signed registration form & proof of payment guarantee registraion.
- > It is essential ial that proof of payment and a copy of the original completed registration form are to be emailed to miloubser@gmail.com
- > No registrations can be confirmed without full pre-payment.
- If you require an invoice, please contact Ilse at psychologist.minnieloubser@gmail.com. >
- > Bank & administration costs incurred will be for the participant's account.
- Seminars will include refreshments & certification but does not include lunch. >
- Unforeseen circumstances may necessitate the appointment of presenters other than other that that should be addited by the second secon >
- >
- Event date(s) time, venue & topics are subject to change. The number of participants at each workshop is limited & acceptance will be on first register first serve basis. >
- We reserve the right to refuse admission if proof of payment cannot be supplied. >
- In the unlikely event of cancellation, participants will be informed & all fees will be refunded. >
- Cancellations received one week prior to commencement of the seminar will incur a 50% administration charge. No > refunds will be paid if cancellations are received thereafter. In the event of cancellation, notification must be in writing. Substitutes will be accepted. Non-arrivals will result in full fees being paid and no refunds shall be made.
- > **COST R 4200 PER PERSON** >

# BANKING DETAILS: ABSA BANK. Branch: 632005, Swift Code ABSAZAJJ. Acc Name: M J LOUBSER. Acc No: 711777830 REF: Surname & EMI Training. Direct deposits or EFT

Sheet1 Sheet2 Sheet3