EYE MOVEMENT INTEGRATION : ADVANCED

WORKSHOP REGISTRATION FORM

WORKSHOP DETAILS

WORKSHOP NAME	**EYE MOVEMENT INTEGRATION - ADVANCED**
WORKSHOP DATE	**14 & 15 November 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 essentia ial that proof of payment and a copy of the original completed registration form are to be emailed to mjloubser@emitherapy.co.za

> 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 t than those advertised
> 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 3400 PER PERSON**
> **Students and unpaid interns can attend the course at 50% discount. (R1 700.00 per person)**

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

I hereby confirm that the information supplied is correct and that I agree to the terms and conditions stipulated on this registration form.
I accept personal responsibility for payment of the relevant fees.

Signature **Date**