

**EYE MOVEMENT INTEGRATION : FUNDAMENTAL**

**WORKSHOP REGISTRATION FORM**

**WORKSHOP DETAILS**

WORKSHOP NAME

**EYE MOVEMENT INTEGRATION - FUNDAMENTAL**

WORKSHOP DATE

**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 registration.**
- > It is essential that proof of payment and a copy of the original completed registration form are to be emailed to [mjloubser@emitherapy.co.za](mailto: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](mailto: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 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 4 200 PER PERSON**
- > **Students and unpaid interns can attend the course at 50% discount. (R2 100.00 per person)**

**BANKING DETAILS: ABSA BANK. Branch: 632005, Swift Code ABSAZAJJ. Acc Name: M J LOUBSER. Acc No: 711777830**

**REF: Surname & EMI FUND. 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