

**GROUP SUPERVISION REGISTRATION FORM****WORKSHOP DETAILS**

WORKSHOP NAME

**GROUP SUPERVISION EMI**

WORKSHOP DATE

**13 October 2018 - PRETORIA / 16 November 2018 CTN****PERSONAL DETAILS**

TITLE

SURNAME

FIRSTNAME

**PROFESSIONAL DETAILS**

LEVEL OF TRAINING IN EMI

NAME OF TRAINER

**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.**> Please email to [mjloubser@emitherapy.co.za](mailto:mjloubser@emitherapy.co.za)> **COST R200 PER PERSON FOR LUNCH AND PRINTED MATTER**

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**BANKING DETAILS: ABSA BANK. Branch: 632005, Acc Name: M J LOUBSER. Acc No: 711777830****REF: Surname & Date 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.**

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**Signature**

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**Date**