

## REGISTRATION FORM

### Professional Identity and Basic Caring Skills within the Framework of Medical Ethics and Disability

Speech and Hearing Clinic, Tygerberg Hospital and Division of Speech-Language and Hearing Therapy, Stellenbosch University

Friday, 13 April 2012

Please complete the registration form and forward together with proof of payment to Mrs Losper at [faheema@sun.ac.za](mailto:faheema@sun.ac.za) or fax to 021 9389737 by **Friday 30 March 2012**. There are limited places available so please register early to avoid disappointment. On receipt of your registration form and proof of payment, we will confirm via email. Should you not receive any confirmation it means we have not received your application. Please contact us again.

PERSONAL DETAILS	
Full name and surname	
HPCSA registration number	
Postal address <i>to which the CPD certificate will be sent</i>	
Email address	
Telephone number (work)	
Telephone number (cell)	
Occupation	
Place of work	
Please indicate whether you have any <b>special dietary requirements</b> :	
<input type="checkbox"/> Halaal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other ( <i>please specify</i> ) _____	

### PAYMENT / BANKING DETAILS

**Cost of symposium:** R250 (R190 for students)  
**Payment method:** Electronic payments (EFT) or cash deposit. See banking details below. Please provide the reference number **R1225** together with your **initial** and **surname** (e.g. *R1225 C Andrews*).  
**Bank name:** Standard Bank  
**Account number:** 073006955  
**Account holder's name:** University of Stellenbosch  
**Branch:** Stellenbosch  
**Branch code:** 050610

If you have any further queries, please contact Mrs Losper at 021 9389494 or [faheema@sun.ac.za](mailto:faheema@sun.ac.za).