

Workshop Registration

Workshop name: *Auditory Neuropathy Spectrum Disorder*

Complete in **BLACK ink**

Date Attending:	Please mark applicable box on the right with an X	24 March 2009- Pretoria	R 1'250
		26 March 2009- Cape Town	R1'250
Early bird special Payment must be received before 30 November 2008!			R 975
Student / Community Service (Proof must be provided)			R 750
Name:	First:	Surname:	
Address:			Code:
Practice / School or Hospital name:		HPCSA Nr:	
Contact details:	Tel: ()		
	Cell:		
	Fax: ()		
	E-mail:		
Cost: Per person including refreshments and lunches	Cost: R1'250 per person Early Bird SPECIAL: Register before 30 November 2008 and pay only R975 Students & Community Service: R750 per person Account details: H.A.S.S. SA Standard Bank, Acc: 410930318, Branch: 01-48-45 Reference: Your name + ANSD (VERY IMPORTANT!)		
Special diets:	Unfortunately we are not in a position to cater for any special dietary preferences for which we apologise. We will however cater for vegetarians.		
Vegetarian Preferred:	Yes : (Please mark with an X)		

**FAX payment slip together with this form to (012) 333-1117
For attention Lizelle**

No registrations can be accepted without the payment details.

If you do not receive an e-mail confirmation within 24 hrs please give Lizelle a call on (012) 333-3131

Hope to see you in March!