



2*Day Vestibular Workshop

7-8 November 2013

Department of Speech-Language Pathology and Audiology

REGISTRATION FORM

Return to:

Fax: +27 (0)86 216 9015

Email: Nathalie.VanWaeyenberge@gmail.com

YOUR DETAILS:

Identity Number/Passport Number: Date of Birth:

Surname: Initials:

Preferred First name: Title: *Ms. Mr. Other:*

YOUR CONTACT DETAILS:

Physical/Postal Address:

.....

Cell Phone:

Email :

YOUR EMPLOYER/OCCUPATION DETAILS:

Company/Institution Name:

Occupation/Job Title:

Department/Division:

Work Phone:

Postal Address:

.....

YOUR QUALIFICATIONS:

Highest Academic Qualification:

Membership of HPCSA: Registration Number:

I hereby confirm that the information supplied on this form is correct and that I have read and agree to the conditions stipulated on this registration form. I accept personal responsibility to ensure payment of the relevant fees before commencement of the course.

Signature:

Date:

PLEASE NOTE THAT A COPY OF YOUR ID OR PASSPORT DOCUMENT MUST BE SUBMITTED WITH THIS REGISTRATION FORM



Terms & Conditions

Payment conditions:

- Course fees must be paid in full prior to course commencement.
- Proof of payment must be supplied together with the Registration Form.
- The applicant remains responsible for payment of the course fee. Should the course fee be funded by an institution (including the employer) on behalf of the applicant, the applicant accepts full responsibility to supply UP with supporting documentation in the form of an official purchase order indicating that the institution will submit payment on behalf of the applicant with the registration. The applicant remains responsible to ensure that the institution honors its payment commitment prior to the course commencement.
- Attendance will not be permitted without payment and the applicant will remain liable for the full course fee.
- UP reserves the right to withhold a delegate's certificate if full payment for the course has not been received.

Payment methods:

Electronic bank transfers to the following bank account:

University of Pretoria

Bank: ABSA Hatfield

Account number: 2140 000 038

Branch Code: 335545

Recipient Ref: A03889VESTIBULAR NAME + SURNAME

Please fax confirmation of payment to 086 216 9015

or email to Nathalie.VanWaeyenberge@gmail.com

Cash payments will not be accepted.

General conditions:

- The applicant agrees to accept responsibility to inform the Department of Communication Pathology at UP of any changes in the information supplied on the registration form within the prescribed time period of which the applicant is aware.
- The Department of Communication Pathology at UP reserves the right to refuse admission to a course to any applicant if the criteria for registration as stipulated in the course information have not been met in full.



- The applicant confirms that by submitting the registration form he/she indicates his/her willingness to register for the course and to accept all responsibilities for payment of course fees as set out in the registration information.
- The applicant understands that the language of presentation of the courses is in English, unless stated otherwise.
- The applicant understands that in the event of any dispute of any nature whatsoever arising between the applicant and UP, the South African law will apply and the appropriate courts of South Africa will have the jurisdiction.
- The applicant understands that all intellectual property rights, (i.e. by example rights in text, recordings, pictures or other licensed materials) vests with the University of Pretoria and the applicant may not reproduce or distribute any such material.

Security and Privacy:

- UP is committed to the protection of the privacy of the applicant. Personal information of the applicant will only be made available where UP is statutorily compelled to do so or for purposes of communication between UP and the applicant and to give effect to the processing and presentation of the required course to the applicant.

Disclaimer:

Neither UP nor any of its agents or representatives shall be liable for any personal damages, loss or liability of whatsoever nature arising from the attendance of a course presented by UP or as a result of entering upon the premises of the University of Pretoria.

Cancellation policy:

- UP reserves the right to refuse admission to a course, in which case the applicant will be informed and applicable fees will be refunded.
- Cancellations are accepted in writing and without penalty up to 30 days prior to the course start date. Notification of cancellation must be submitted in writing either via e-mail or fax.
- Applicants who cancel outside the approved cancellation period would not be entitled to any refunds unless the applicant is unable to attend as a result of reasons such as hospitalization which in the sole discretion of UP renders it impossible for the applicant to attend.