

CONTINUING NUTRITION EDUCATION: DIETICIANS, 2017

REGISTRATION FORM

Title: _____ First names: _____ Surname: _____

Organisation: _____ Registration number (HPCSA): _____

Postal address: _____ Code: _____

Tel (w): _____ Tel (h): _____ Fax: _____

Cell: _____ E-mail: _____

How did you hear about the programme?

Attend annually E-mail Word of mouth Website

**PLEASE ENSURE THAT YOU INDICATE THE CORRECT REGISTRATION CATEGORY.
NO REFUNDS WILL BE ISSUED FOR INCORRECT CATEGORY SELECTION AND PAYMENTS.**

OPTION	CPD POINTS	2017 REGISTRATION FEE if payment is received before 12 May 2017	2017 REGISTRATION FEE if payment is received after 12 May 2017
Option A Day 1 (28 June 2017)	9 (incl. 4 ethics points)	R1 000	R1 200
Option A Day 2 (29 June 2017)	7 (incl. 2 ethics points)	R1 000	R1 200
Option A Full programme (28 - 29 June 2017)	16 (incl. 6 ethics points)	R1 800	R2 000
Option B	16 (incl. 6 ethics points)	R1 800	R2 000
Option C	14 (incl. 4 ethics points)	R1 000	R1 200
Option A and C	30 (incl. 10 ethics points)	R2 800	R3 200
Option B and C	30 (incl. 10 ethics points)	R2 800	R3 200

Special dietary requirements (if you have registered for Option A): Halaal Vegetarian Kosher Diabetic

NOTE

1. Please make use of the reduced registration fee option and register and pay before 12 May 2017.
2. Registration fees for Option A will only be accepted until 2 June 2017.
3. Cancellations made before or on 12 May 2017 qualify for a 50% refund of the registration fee.
No monies will be refunded for cancellations after this date.

PAYMENTS

- A secure online registration facility is available on the website at <http://www.cneupdate.co.za>
- **Direct payments:**
Account name: CNE Update | Bank: Absa, Parow | Branch code: 632005 | Account number: 923 2293 917 (Savings account)
- Please quote your name and surname or DT number on the deposit slip.
A copy of the deposit slip MUST be faxed or emailed to DAWNE JOHNSON 021 938 9855 or dawnej@sun.ac.za

Please indicate your method of payment EFT Credit Card Payment

Name of card holder: _____

Type of Card: Visa Master

Card number: _____

CCV number: _____

Expiry date: _____

Signature _____ Date _____

VOORTGESETTE VOEDINGSONDERRIG: DIEETKUNDIGES, 2017

REGISTRASIEVORM

Titel: _____ Voorname: _____ Van: _____

Organisasie: _____ Registrasienommer (HPCSA): _____

Posadres: _____ Poskode: _____

Tel (w): _____ Tel (h): _____ Faks: _____

Sel: _____ E-pos: _____

Waar het u van die program gehoor?

Woon jaarliks by E-pos Mondelings Webwerf

**MAAK ASB SEKER DAT U DIE KORREKTE REGISTRASIEKATEGORIE KIES.
DAAR SAL GEEN TERUGBETALINGS GEMAAK WORD VIR FOUTIEWE KATEGORIEKEUSES EN BETALINGS NIE.**

KEUSE	VPO PUNTE	2017 REGISTRASIEGELD indien betaling ontvang voor of op 12 Mei 2017	2017 REGISTRASIEGELD indien betaling ontvang word na 12 Mei 2017
Opsie A Dag 1 (28 Junie 2017)	9 (insl. 4 etiek-punte)	R1 000	R1 200
Opsie A Dag 2 (29 Junie 2017)	7 (insl. 2 etiek-punte)	R1 000	R1 200
Opsie A Volle kursus (28 - 29 Junie 2017)	16 (insl. 6 etiek-punte)	R1 800	R2 000
Opsie B	16 (insl. 6 etiek-punte)	R1 800	R2 000
Opsie C	14 (insl. 4 etiek-punte)	R1 000	R1 200
Opsie A en C	30 (insl. 10 etiek-punte)	R2 800	R3 200
Opsie B en C	30 (insl. 10 etiek-punte)	R2 800	R3 200

Spesiale dieetvoorkeure indien u vir Opsie A geregistreer het: Halal Vegetaries Kosher Diabeet

NOTA:

- Maak gebruik van die verlaagde registrasietarief en registreer voor Vrydag 12 Mei 2017.
- Registrasie-geld vir Opsie A sal slegs tot 2 Junie 2017 aanvaar word.
- Vir kanselasie tot en met 12 Mei 2017 sal 50% van u registrasiefooi terugbetaal word.
Vir later kansellering word die registrasiefooi egter verbeur.

BETALINGS

- Veilige aanlynregistrasiefasiliteit is beskikbaar by <http://www.cneupdate.co.za>
- Direkte betalings:**
Rekeninghouer: CNE Update | Bank: Absa Bank, Parow | Takkode: 632005 | Rekeningnommer: 923 2293 917 (Spaarrekening) .
- Skrif u naam, van en DT-nommer as verwysing op die depositostrokie. Faks of epos asseblief 'n afskrif van die depositostrokie SAAM MET u registrasievorm na DAWNE JOHNSON by 021 938 9855 of dawnej@sun.ac.za

Dui asb u betalingsmetode aan Elektroniese betaling Kredietkaart Betaling

Naam van kaart houer: _____

Tipe kaart: Visa Master

Kredietkaart nommer: _____

CCV nommer: _____

Verval datum van kaart: _____

Handtekening _____ Datum _____