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| PLEASE COMPLETE THIS FORM ELECTRONICALLY  Hint: use the tab key on your keyboard to help you move from one field to another  This will help us to capture your information correctly on your CPD certificate | | | |
| Event Name | Child Trauma Conference | | |
| Date | 5 & 6 October 2022 | **Time** | Full Day Event |
| Location | Lagoon Beach Hotel (Milnerton), Cape Town, South Africa | | |
| Conference Fee | R 2 750.00 | | |

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| Delegate Information – **Please fill information in the block below the field** | | |
| Surname | **Name** | **Email** | |
|  |  |  | |
| Professional Board Number | **Profession** | **Organisation Name** | |
|  |  |  | |

**\*\*\*Please attach proof of payment to this booking form and return to conference@jellybeanz.org.za\*\*\***

PLEASE NOTE THAT BOOKINGS WILL ONLY BE CONFIRMED UPON RECEIPT OF PAYMENT.

**Terms: No refunds will be made if attendance is cancelled less than seven (7) working days prior to the event.**

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| **BANKING DETAILS:** |
| Jelly Beanz Conference |
| First National Bank |
| Branch code: 203809 |
| Account no: 62799086923 |
| Currency: South African Rand (ZAR) |
| SWIFT : FIRNZAJJXXX |
| REF: Your Name |