

Registration Form

Full Name: _____

Residential
Address: _____

Work Address: _____

Postal Address: _____

Code: _____

Contact Numbers

Home: _____ Fax: _____

Work: _____ Fax: _____

Cell: _____ Email: _____

**A deposit of a R3000 is needed.
The balance to be paid upon registration on the first day of the course.**

Registration form and deposit slip must be sent through to the Hearing & Health Centre.

Bank Details:

Bank: ABSA Account Name: J.J.Kemp
Branch: Knysna Account number: 910-145-371

Contact: Hannelie Kemp at Hearing & Learning Centre

Tel: 044 382 1168 Fax: 044 382 7663

Email: info@neurocentre.co.za

Manuals for each course will be supplied and are included in the cost of the registration.

Feel free to contact me if you have any questions.