

COGNITIVE BEHAVIOURAL THERAPY FOR OBSESSIVE COMPULSIVE DISORDER

CAPE MILNER HOTEL, CAPE TOWN

8th – 9th OCTOBER 2010

(8th October 2010: 08:00 – 17:30; 9th October 2010: 08:00 – 17:00)

APPLICATION FORM

This application form together with proof of payment should be faxed to 021 558 7425

Please ENSURE that ALL information requested below is provided. PLEASE PRINT.

FIRST NAME	
LAST NAME	
HPCSA NR. (For 15 CPD points)	
E-MAIL ADDRESS	
POSTAL ADDRESS	
TELEPHONE NR.	
QUALIFICATIONS	
CBT EXPERIENCE	
DIETARY REQUIREMENTS	

FEES:

Early Registration (*Closing strictly on the 20th August 2010*) - **R2400 per person**

Late Registration (*Closing strictly on the 1st of October 2010*) - **R2900 per person**

PAYMENT METHOD:

Please ensure that your full name and surname are reflected on your deposit slip

BANKING DETAILS: Account name: **BS Drake, ABSA Bank**
Branch code: **632005**
Account nr: **9196905157 (Savings Account)**