

CHILD TRAUMA CENTRE

REGISTRATION FOR SEMINARS / WORKSHOPS 2010

DELEGATE DETAILS: (PLEASE COMPLETE NEATLY IN BLOCK LETTERS)

ORGANISATION NAME: _____ EMAIL: _____

Name: _____ reg. no: _____ Contact no. _____

Please indicate with an X which of the following courses you are booking for:

- Understanding and working with Adolescents in Therapy : 4 June 2010**
Fee : R650 and Registered NPO's and Full Time Students : R475
- Children who Touch or Abuse other Children Sexually (CHILD): 25-27 August 2010**
- Family Play Therapy (FAMILY): 16 September 2010**
- Child Trauma Conference III (CTC): 14 & 15 October 2010**
- Assessment of Child Sexual Abuse I (ASS): 17 - 19 November 2010**

Fees include all course material and refreshments.

Please indicate whether you have any special dietary requirements: _____

Amount Due: _____

BANK ACCOUT DETAILS

Account Holder: **Child Trauma Centre**

Bank: **First National Bank**

Account Number: **621 508 61443**

Branch Code: **203 809**

Reference on payment slip: name of course and your name or organisations name e.g. 'CTC van Wyk' or 'CHILD Childline'

Your seat at any of the above workshops will only be confirmed once proof of payment has been faxed to us. Please ensure that proof of payment is faxed through timeously.

FAX NUMBER : 086 630 1408

Please note:

Payment must be made prior to the course. In the event of non-attendance, the full fee remains applicable. Registered delegates may be substituted if we are informed in writing of such. Cancellation of bookings can be made up to one week before the relevant course. If you cancel your booking, a 50% cancellation fee will be charged, and you will be required to notify the Child Trauma Centre in writing.