

Bridging the Gap in Communication, Literacy and Language Development for Children with Complex Communication Needs



REGISTRATION FORM

MONDAY 31 MARCH - WEDNESDAY 2 APRIL 2008,
NEDBANK SANDTON AUDITORIUM, GROUND FLOOR, 135 RIVONIA ROAD, SANDTON

FAX TO: 086-513-9221

1. DELEGATE REGISTRATION DETAILS												
Name						Title	Dr	Prof	Mr	Mrs	Ms	
Surname												
Organisation												
Postal Address												
City						Postal Code						
Province						Country						
Tel						Fax						
Cell Number												
HPCSA Nr.												
Email												
SAALD Member Nr												
Please indicate	Educator			Therapist			Administrator			Parent		
2. REGISTRATION FEES: SAALED MEMBERS												
Full course fee Booked & paid before 14 March 2008							R		350 .00			
Full course fee Booked & paid after 14 March 2008							R		400 .00			
* Associate rate												
3. REGISTRATION FEES: NON SAALED												
Booked & paid before 14 March 2008							R		370.00			
Booked & paid after 14 March 2008							R		400.00			
TOTAL							R					
5. DIETARY REQUIREMENTS												
None	Vegetarian	Halaal	Diabetic	Kosher	Other (specify):							
6. SPECIAL NEEDS												
YES	NO	Please Specify Any Special Needs:										
7. PAYMENT METHODS												

EFT or DIRECT DEPOSIT: Account Name: **School Conferences**
 Bank: **Standard Bank**
 Branch: **Melville**
 Branch Code: **006105**
 Account Number: **201-096-315**
 Reference: **Please quote your Name and Surname as reference**

Please make cheque payable to: School Conferences

- **Registration Fees:** Limited places are available for students & parents who cannot afford congress fees. Please forward requests for sponsorship to attend the workshop to:

School Conferences
 Fax: 086-513-9221
 Tel: 011 673-7095 or 673-7387 or 673-7366
 Email: schoolconference@lantic.net
 Address: P.O. Box 291765, Melville, 2109