



jopie van rooyen & partners

# training & workshop registration form

To secure your booking, please complete, sign and fax the form to 011 781 3703 for Johannesburg run courses and 021 913 0542 for Cape Town run courses.

## PERSON TO BE TRAINED

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Company \_\_\_\_\_  
 Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 Cell ( ) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Dietary Requirements \_\_\_\_\_  
 Postal Address  Home  Work  
(Required information to obtain course certificate)  
 \_\_\_\_\_  
 \_\_\_\_\_ Code \_\_\_\_\_  
 Secure e-mail \_\_\_\_\_  
(Required information to receive your confidential psychometric reports from our bureau service)

## PERSON RESPONSIBLE FOR PAYMENT

Organisation \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Department \_\_\_\_\_  
 Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 Cell ( ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Postal Address \_\_\_\_\_  
 \_\_\_\_\_ Code \_\_\_\_\_  
 VAT Number \_\_\_\_\_  
 Order Number \_\_\_\_\_

Please tick the appropriate box:

**NEW CLIENT**  **EXISTING CLIENT**

## PROFESSIONAL REGISTRATION (if applicable)

### PSYCHOLOGIST

HPCSA Registration Category \_\_\_\_\_  
 PS Number \_\_\_\_\_

### PSYCHOMETRIST

Supervised/Independent Practice \_\_\_\_\_  
 PMT Number \_\_\_\_\_

**SUPERVISOR (if applicable)** Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

- NOTE:**
- Please use your invoice number as reference for payment.
  - Please note that payment is due prior to the start of the event. Interest will be levied on payments received after the training.

NAME OF TRAINING/WORKSHOP	DATE	COST

### CANCELLATION AND POSTPONEMENT POLICY

All cancellations or postponements must be confirmed in writing and e-mailed to [training@jvrafrica.co.za](mailto:training@jvrafrica.co.za). Cancellations 5 to 10 business days prior to the event will attract a 25% cancellation fee. Cancellations received less than 5 business days prior to the event will result in a 50% cancellation fee. No shows will attract a 100% cancellation fee. Maximum permissible interest will be levied on any outstanding invoices. You are however welcome to substitute your attendance with an appropriately qualified colleague. Postponement to a later date must be received in writing no less than 5 business days prior to the initial event in order to waive the cancellation fee. This waiver will only be applicable once.

### GENERAL NOTES

In the event of unforeseen circumstances, JvR reserves the right to change the programme content, the speakers, the venue or the date. Delegates will be notified of changes or cancellations of events no later than 5 business days prior to the event.

DELEGATE'S SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**jopie van rooyen & partners sa (pty) ltd**

[www.jvrcatalogue.com](http://www.jvrcatalogue.com) [www.jvrtraining.com](http://www.jvrtraining.com) [www.psychologyafrica.com](http://www.psychologyafrica.com)

### JOHANNESBURG OFFICE

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 Co.Reg.No. 2001/015618/07 VAT Reg.No. 4300195064

### CAPE TOWN OFFICE

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