

## **REGISTRATION FORM**

**Caring for the Caregiver Workshop; 28 May 2010**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone/contact number:** \_\_\_\_\_

**E-mail address:**  
\_\_\_\_\_

**SACSSP Registration number:**  
\_\_\_\_\_

Please pay for workshop either with an EFT or deposit the money directly into the following account:

**Account:** SAASWIPP National

**Bank:** Nedbank Balfour Park

**Branch code:** 151 105

**Account number:** 1511068809

Please write your name and CC workshop as reference on the deposit slip.

Please fax registration form and proof of payment to SAASWIPP National Office:

**Fax number:** 011 786-2050