



HOPE FOR CHILDREN
AFFECTED BY TRAUMA & ABUSE

REGISTRATION FORM 2020

ONLINE AFRICAN CHILD TRAUMA CONFERENCE 2020

7 & 8 October 2020

Name and Surname:

Organisation:

Profession :

HPCSA/SACSSP number:

E-mail address that will be used to access the online platform:

Cellphone number:

Optional contribution to the **“Beanz to Buddies”** campaign:

(Donations towards attendance fee for delegates not in a position to pay for the conference)

R100

R200

R300

R400

R500

Other:

*****Please attach proof of payment to this booking form*****

Terms:

No refunds will be made if attendance is cancelled less than seven working days prior to the event.
In the event of cancellations, we reserve the right to deduct administration costs from the amount paid.

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BANKING DETAILS:

| | | |
|------------------|---|---|
| Bank Name | : | First National Bank |
| Bank Address | : | Shop 1, Bayside Mall, Blaauwberg Road, Table View |
| Account Name | : | Jelly Beanz Foundation – Conference account |
| Account number | : | 62 799 086 923 |
| Branch/Sort Code | : | 250655 |
| Currency | : | South African Rand (ZAR) |
| SWIFT | : | FIRNZAJJXXX |