



ABDOMINAL AND EMERGENCY ULTRASOUND TRAINING
REGISTRATION FORM:

Together with your deposit slip, please **email to: info2@ultrasoundtraining.com**

INITIALS: (To appear on your Training Certificate)	
SURNAME: (To appear on your Training Certificate)	
HPCSA REG. NO:	
POSTAL ADDRESS:	
TELEPHONE NUMBER:	
CELLPHONE NUMBER:	
E-MAIL: (To send you the confirmation and directions to the venue)	
COURSE DATE:	
I understand that my registration can only be confirmed once I send this form together with the proof of payment to Techno City and receive a confirmation email.	
SIGNATURE:	

Web18

-- www.ultrasoundtraining.com --

Tel: 082 786 4870 or 082 553 2982

TECHNO CITY CC

CK 96/26818/23

P.O. BOX 52759 WIERDA PARK, 0149

Banking details: (For Internet or teller deposits)

Please **remember** to write your name as Dep. Reference to your bank deposit slip.

TECHNO CITY cc ABSA Business Chq. Acc. No: 4051752177

Branch no: 336345 (Wierda Park) or **632005** for ABSA Internet banking.