



OBSTETRIC AND PELVIC ULTRASOUND TRAINING
REGISTRATION FORM:

Together with your deposit slip, please **email to: info2@ultrasoundtraining.com**
or fax to: 086 515 9071

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 -- ***

TECHNO CITY CC
CK 96/26818/23
VAT reg no: 4100217860
P.O. BOX 52759 WIERDA PARK, 0149
Tel: (011) 516 0703 Cell: 074 578 3701 or 082 786 4870 or 082 567 0269
Fax: 086 515 9071

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.

[] I will not be able to attend this time, but, please keep me in your e-mail list and inform me on the new dates. My e-mail: