



OBSTETRIC AND PELVIC ULTRASOUND TRAINING  
**REGISTRATION FORM:**

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

\*\*\* -- [www.ultrasoundtraining.com](http://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.

[  ] 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: