



**Society of Radiographers of South Africa
Johannesburg Branch**

C.P.D. Accredited Morning Seminar Registration Form

Please print **CLEARLY** & remember your **DR NUMBER**

Name:

H.P.C.S.A. Number: DR _____ (Must be 7 digits)

Are you a Society Member? Yes / No.

If "Yes" – Which Branch: Membership Number: _____ (Must be 4 digits)

Workplace:

Contact Number: (H)(W)

Fax Number: (H)(W)

Cell Number:

Dietary Requirements:

Please use your **INITIALS & SURNAME** as reference on the deposit form.

PLEASE DO NOT USE YOUR HPCSA OR PHONE NUMBER!

1. **Fax with payment proof:** Carolyn Reddell @ 011-951-6043
2. **Direct payment to:** Society of Radiographers (Jhb. Branch)
First National Bank. Branch: Parktown Code: 25 04 55
Account Number: 62 05 63 17 94 6
3. **Cheques payable to:** Society of Radiographers (Jhb. Branch)
P.O. Box 5040 Horizon 1730. Please post timeously.