

REGISTRATION FORM

NAME	
EMAIL ADDRESS	
OCCUPATION	
PAYMENT REFERENCE	
AMOUNT PAID	
CONTACT NUMBER	
HPCSA/SACE REGISTRATION NUMBER	

Please reference your payment with your name and APC + month of the course taking place.
eg. ZamaAPCJULY

Send your registration form and proof of payment to info@autism-project.com

BANKING DETAILS:

First National Bank
Account Type: Current Account
Bank Code: 250655
Account Number: 62577725420