

Seminar Registration Form

0861 114 870, www.jullo.co.za,
28/29 Crystal Rock, 16 Solstice Road, Umhlanga New Town Centre,
Durban, KwaZulu-Natal, South Africa

First Name			
Surname			
Date of Birth			
ID			
Address			
Tel	(W)	(H)	(Cell)
Email			

Registration For

Name of Seminar			
Venue		Date	

All Attendees

Name		Surname		ID	
Name		Surname		ID	
Name		Surname		ID	
Name		Surname		ID	
Name		Surname		ID	
Name		Surname		ID	
Name		Surname		ID	
Name		Surname		ID	
Name		Surname		ID	
Name		Surname		ID	
No of Attendees		Cost Per Attendee		Total Due	

Method of Payment

Cash		EFT		Credit Card	
Card Holders Name			Card Number		
Expiry Date			CVV Number (3 Digits number on back of card)		
Card Type (eg. Master Visa)					
Please Process my Credit Card for The Total Amount Due as Above.					

Signature Of Cardholder

Account Name: Serenity Addiction Treatment Unit **Bank:** First National Bank
Account Number: 62012294881 **Branch Code:** 222826 **Type:** Current/Cheque

Terms & Conditions

1. No Refunds will be provided once registration is submitted.
2. Substitute Attendees to be changed 48 Hours prior to Seminar.
3. Payment to be made at least 48 Hours before Seminar.
4. Fax through proof of payment using your cell number as reference.