

Lefika 2011 Workshops Booking Form

| Please complete the following details | |
|---------------------------------------|--|
| Surname | |
| First Name | |
| Date of Birth | |
| Postal Address | |
| Physical Address | |
| Email | |
| Home telephone | |
| Work telephone | |
| Cellphone | |
| Any dietary requirements? | |
| Current occupation | |
| Practice Number for CPD points | |
| How did you find out about Lefika? | |

| Workshop Name | Dates | Fee Paid |
|------------------------|-----------|----------|
| Reviving Communication | 28-31 Oct | |
| Amount outstanding | | |
| | | |

Your place on a course will only be confirmed on receipt of a 50% non-refundable deposit and is subject a minimum number of participants.

Please email payment confirmation to info@arttherapycentre.co.za and hayleyberman@iafrica.com and use your name as a reference in the event of electronic banking payments. Balance of payment is strictly due on commencement of courses.

The bank details are as follows:

Hayley Berman
Standard Bank- Jan Smuts Branch
Branch code 004205
Savings account 007041748

PLEASE NOTE:

All courses will held at the Lefika Studio, Level 2, **The Children's Memorial Institute** (TMI Building) – Gate 13, cnr Joubert Street and Empire Road, Parktown.
Secure parking available on site. Please park in Gate 13.

Directional Map at: <http://www.arttherapycentre.co.za/contactthearttherapycentre.htm>



CCEM Commonwealth Good Practice Award in Education 2006

Who are we? Please view our webpage www.arttherapycentre.co.za

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Tel/Fax: +27 11 447 2833

info@arttherapycentre.co.za | www.arttherapycentre.co.za

P O Box 3223, Houghton, 2041, Gauteng, South Africa