



Central University of
Technology, Free State

CENTRAL UNIVERSITY OF TECHNOLOGY, FREE STATE
SENTRALE UNIVERSITEIT VIR TEGNOLOGIE, VRYSTAAT
YUNIVESITHI E BOHARENG YA THEKENOLOJI, FOREISTATA

**FACULTY OF HEALTH AND ENVIRONMENTAL
SCIENCES**
SCHOOL OF HEALTH TECHNOLOGY

REGISTRATION FORM FULL DAY DENTAL SEMINAR (CUT001/2009) 22 August 2009

Theme: “Aesthetics – including Botox / Bleaching / Anterior composites”

Name and surname: _____ Title: _____

Postal address:

_____ code: _____

Work address:

_____ code: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

HPCSA number: _____

Signature: _____

Cell number: _____

Please tick registration fees “X” in the appropriate box:

Category	Early registration (before 01/08/09)	Late registration (01/08/09 to 22/08/09)	
Dental practitioner/therapist	R450.00	R500.00	
Oral hygienist	R230.00	R250.00	
Other:	R230.00	R250.00	
Dental assistant	R150.00	R200.00	
Additional staff from the same practitioner	R100.00	R150.00	
Student	R100.00	R100.00	
Afternoon session:			
Practitioners hands-on (only 25 seats)	R500.00	R600.00	
Oral Hygienists & Assistants hands-on (only 25 seats)	R200.00	R250.00	
Amount payable	R.....-00		

Payment done (please tick “X” in the appropriate box):

Cash	Electronic transfer
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Kindly use the following **BANK DETAILS** for direct deposits and fax/e-mail proof of payment with the registration form to: Martin Mokhabi: Fax: 051 5073354 or E-mail: nmokhabi@cut.ac.za

Central University of Technology, Free State

ABSA – cheque account

Branch no:

Branch no for electronic transfers:

Acc no:

Reference number:

Branch: Public Sector Free State

630734

632005

0470831901

DENTAL 0274 + HPCSA Number

If your organization will be submitting payment for more than one registrant, please copy this form and submit a fully completed form for each registrant.

SUBMIT COMPLETED REGISTRATION FORMS TO: Mr Martin Mokhabi (Tel: 051 507 3321)

Fax: 051 5073354 / E-mail: nmokhabi@cut.ac.za