

Clinical Emotional Freedom Technique

Registration Form 2016



Title				
Name				
Surname				
I.D. number				
Office number				
Cell number				
Email address				
Postal Address				
Practice number				
HCPSA number				
SACSSP number				
Training venues Please mark with X in the relevant box and date	Alberton	Potchefstroom	Kimberley	Brackenfell
EFT Self-help Module 1	14 Sept	N/A	N/A	TBA
EFT Practitioner Training Modules 2-3	15 – 16 Sept	6 – 7 Oct	31 Oct – 1 Nov	TBA
CPD points	15	10	10	

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Tipe rekening: Spaarrekening.

Banking details¹: Please send proof of payment to:
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¹ For online payment for Clinical EFT, go to: http://www.perspectivetrainingcollege.co.za/?page_id=357