

REGISTRATION FORM
P.O.BOX 717
PHILLIP NEL
0029



VAT Reg No 2013/054548/07
E-mail radithamaohs@gmail.com
Cell: 0842904257

Training Area:

 Training Date:

Surname:

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 Initials:

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Title:	Mr	Ms
ID NO:		

[illegible]

Cell:

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 Work Tel:

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Email:

Address:

Suburb:

City/Town: Postal Code:

Subject	Amount	Choice
Audiometry	R3500	
Spyrometry	R3500	
Vision	R2500	
All(vision,Spyro,Audio)	R6500	
Total Cost		

Bank Deposit Reference:

[illegible]

Deposit Date: Deposit Amount: