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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REGISTRATION FORM** | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | |
| Name: | | | | | Date of Birth: | | | | | | |
| Tel: | | | | | E-mail: | | | | | |
| Physical Address: | | | | | | | | | | | |
| Where did you hear about the BYB Course?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Investment in all your relationships** | | | | | | | | | | | |
| 30 Hours Program  10 weeks  3 Hours per week | | R 150 per hour | | R 4 500 per person (Including workbook, and certificate)  Only 6 people in a group | | | | | | | |
| **(Please select) ADDED VALUE** | | | | | | | | | | | |
| **Discount when cash or one payment before 30 June 2021 ( R4 300 per person )**  **You can repeat this course for free any time in the future!**    I am a registered service provider so you can submit my account to your medical aid provider and they will reimburse you in accordance with the rules of your medical aid plan for therapeutic services. | | | | | | | | | | | |
| Down payment options that will suit your budget.  Please pay on or before last day of the month.  3 months ( Deposit with registration: 30 June / 31 July / 31 Aug | | | | | | | | | R 1500 per month | | |
| **BANKING DETAILS** | | | | | | | | | | | |
| Cheque: | K Badenhorst | | | | Branch: | | 163 145 | | | |
| Bank: | Nedbank | | | | Acc nr: | | 163 112 8302 | | | |
| Ref: | Name and Surname | | | | Notification: | | 0832659388 | | | |
| **(Please select) DATES / TIMES / VENUES** | | | | | | | | | | | |
| **Mornings**  **Evenings** | English | | 29 July-23 Sept 2021+ 28 Okt 2021 | | | Thursday  Mornings or evenings | | 9:00-12:00 OR 18:00 – 21:00 | | Tyger valley Clinic Belvedere Office Park Block E  Bella Rosa Street  Rosen park  Cape Town | |