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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 Hour Program:  10 weeks  3 hours per week | | R120,00 per hour | | R 3600 per person (Including handbook, and certificate) | | | | | | | |
| **(Please select) ADDED VALUE** | | | | | | | | | | | |
| **Discount when one payment before 30 Junie 2019. ( R3500 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 2019, 31 July, 31 Aug 2018) | | | | | | | | | R 1200 per month.  R 360 per week | | |
| **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** | | | | | | | | | | | |
|  | English/Afrikaans | | 18 July – 12 Sept  2019 | | | Thursday  Evenings | | 18:00-21:00 | | Northern Suburbs  Karen Badenhorst  (Venue to be confirmed) | |