



**SOLUTION FOCUSED BRIEF THERAPY  
WITH ADOLESCENTS TRAINING WORKSHOP  
REGISTRATION FORM**

<b>Title</b>	
<b>First name</b>	
<b>Surname</b>	
<b>Postal address</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>Specific dietary requirements (please mark with 'x')</b>	<input type="checkbox"/> None <input type="checkbox"/> Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> Kosher
<b>HPCSA registration number</b>	

**Banking Details:**

Cornerstone Institute

Bank: NedBank

Branch Code: 102 510

Account Number: 107 503 0285

Swift Code: NEDSZAJJ

Reference: **SFBT & SURNAME**

**Please send proof of payment to [jackiew@cornerstone.ac.za](mailto:jackiew@cornerstone.ac.za). If you would like to pay by cash/card please may arrangements to do so with Jackie by Monday, 14 October 2019**