



FAMAC

FAMILY MEDIATORS ASSOCIATION OF THE CAPE

REGISTRATION FORM

NAME: _____

TITLE: _____

OCCUPATION: _____

ORGANISATION/FIRM: _____

ADDRESS: _____

TELEPHONE NUMBER/CELL: _____

EMAIL ADDRESS: _____

DATE & TIME: MONDAY 5 AUGUST 2024 – 18H00 – 20H00

VENUE: ONLINE

COSTS: R300.00

Payments to be made to:

FAMILY MEDIATORS' ASSOCIATION OF THE CAPE:

Cheque Account, ABSA Bank, branch code 632005, account number 100 966 0531

Reference: Name, Surname & workshop date

Please complete this form and email, together with proof of payment, to:

info@famac.co.za