



FAMAC

FAMILY MEDIATORS ASSOCIATION OF THE CAPE

REGISTRATION FORM

NAME: _____

TITLE: _____

OCCUPATION: _____

ORGANISATION/FIRM: _____

ADDRESS: _____

TELEPHONE NUMBER/CELL: _____

EMAIL ADDRESS: _____

COST: R11,900

VENUE: TBC

DATES & TIMES:

**5, 6, 7 September 2024
09h00 – 16h00**

**13 & 14 September 2024
09h00 – 16h00**

****All days are compulsory**

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

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

info@famac.co.za