

### **Professional Training Course Registration Form:**

Name and Surname	
Mobile Number	
Personal Email Address	
ID Number	
Medical/Dental Registration No.	
Practice Address	
Practice Email Address and phone number	
Preferred Training Course(s)	
Preferred Date of Training	
Where did you hear about this training?	
Dietary Requirements (Applicable to full day courses only)	

I understand that my booking will only be confirmed once the required booking fee has been paid. This booking fee will be indicated on the pro-forma invoice and is non-refundable on cancellation. The balance is payable 7 days in advance and no training will be offered if training fees have not been paid in full.

I am aware that I need to bring a model (max. 2 models) to the training course and that my certificate will not be issued if my practical injection technique module has not been completed.

If a practical session could not be completed, due to the absence of a model or due to a practitioner arriving too late, an additional practical session will need to be scheduled at a cost of R5 000.

I have read the requirements for my practical session and have been informed about the number of units, which can be used. I wish to inject standard units/reduced units (Please circle applicable option). I have been informed that, if I opt to inject standard units, I need to bring additional product to the training session. I am aware that my model (-s) should arrive 1 hour before my practical session.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Bank Details:**

Transform Aesthetic Training Academy

ABSA Bank Acc. 4103408553

Code: 632005

Send proof of payment to [training@transformmedical.co.za](mailto:training@transformmedical.co.za)

Ref: Attendee Name and Surname