

ORDER FORM – REGISTERS

Customer: _____ _____ _____ _____ _____ Contact No: _____ eMail: _____	Date: _____	Order No: _____
Our VAT No: 4550104923		

Kindly Forward Proof of Payment to Ms Tebogo Mosito on Fax: (012) 338 9439 or eMail: TebogoM@hpcsa.co.za

Qty	Register Description	Unit Price	Total				
	Full Register (Set of all 12 Professional Boards) NB: Available on CD ONLY Please Select Delivery Method required: (Tick required Option) <table style="width: 100%; border: none;"> <tr> <td style="border: none;">CD to be Collected:</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">CD to be Posted:</td> <td style="border: none;">_____</td> </tr> </table>	CD to be Collected:	_____	CD to be Posted:	_____	523.00	
CD to be Collected:	_____						
CD to be Posted:	_____						
NB: All Registers contain Registration Details (Qualifications & Categories) and Personal Postal Addresses ONLY. The Registers listed below are available via eMail ONLY.							
	Medical & Dental Professions Board	356.00					
	Professional Board For Dental Therapy & Oral Hygiene	127.00					
	Professional Board For Dietetics	127.00					
	Professional Board For Environmental Health	127.00					
	Professional Board For Emergency Care Personnel	127.00					
	Professional Board For Medical Technology	127.00					
	Professional Board For Occupational Therapy & Medical Orthotics/Prosthetics	127.00					
	Professional Board For Optometry & Dispensing Opticians	127.00					
	Professional Board For Physiotherapy, Podiatry & Biokinetics	127.00					
	Professional Board For Psychology	127.00					
	Professional Board For Radiography & Clinical Technology	127.00					
	Professional Board For Speech, Language & Hearing	127.00					
	Full Set of Registers (All 12 Professional Boards as listed above)	1 002.00					
Payment Terms: Strictly with Order or Collection. Credit Card payments Accepted.			Total				
<u>Banking Details for Electronic and Direct Payments</u> Bank: ABSA Branch: Arcadia Branch Code: 632005 Account No: 0610000169 International Payments Swift Code: ABSA ZAJJ	<u>For Internal Office Use Only</u> Payment Date: _____ Amount: _____ Pay Type: _____ Received by: _____	<u>CD Collected By</u> Name: _____ Signature: _____ Date: _____					
Conditions of Purchase: <ol style="list-style-type: none"> 1. The Registers are available in PDF Format Only. No Refunds accepted on Register Purchases. 2. Payment Terms: Strictly with Order/Collection. 3. Credit Card Payment Details available from the Cashier – Tel No (012) 338 9386. 4. All Prices are Inclusive of VAT at 14%. 5. Courier Service costs on CDs is for the Purchaser's account. The Purchaser is responsible for Courier Service arrangements. 6. No part of the requested information may be reproduced/ transmitted/ redistributed in any form or by any electronic/ mechanical means, including photocopying/telefaxing/recording/any storage or retrieval system, without written permission from the HPCSA. 							