



**SAALED**  
NPO 013 -241

# THE SOUTHERN AFRICAN ASSOCIATION FOR LEARNING AND EDUCATIONAL DIFFERENCES

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## REGISTRATION FORM

### DYSLEXIA

Presented by

**VIV VAN STADEN**  
(Clinical Director : Bellavista Assessment Unit)

**MONDAY, 3 OCTOBER 2011**

**VENUE:** Edcon Retail Academy, 2 Vinton Road, Ormonde, Johannesburg

**TIME:** 2.00pm for 2.30pm to 4.30pm

**REGISTRATION FEE:** R100.00 per school attending

**REGISTRATION:** Please complete the attached registration form and forward to the SAALED office.

**Tea and coffee will be served**

<b>School</b>	
<b>Names</b>	
<b>Telephone No:</b>	
<b>Fax No</b>	
<b>e-mail address</b>	

**SAALED Banking details :**

Account: SAALED membership  
Bank: FNB  
Branch: Killarney  
Code: 256 205  
Account No: 620 726 252 32

- **PLEASE FAX YOUR REGISTRATION FORM TO THE SAALED NATIONAL OFFICE – 086 681 3547 or e-mail to [membership@saaled.org.za](mailto:membership@saaled.org.za) with proof of payment**



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- **If you have any queries please contact Jean James-Smith at the SAALED National Office – 011 648 5779**