



SAALED
NPO 013 -241

THE SOUTHERN AFRICAN ASSOCIATION FOR LEARNING AND EDUCATIONAL DIFFERENCES

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REGISTRATION FORM

HEARING IMPAIRMENT

Presented by
ESTELLE ROBERTS
(Speech and Language Therapist)

MONDAY, 4TH JULY 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

School	
Names	
Telephone No:	
Fax No	
e-mail address	

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