



**REGISTRATION FORM FOR EXERCISE IS MEDICINE (SA)  
ACCREDITATION COURSES**

**HEALTH CARE PROVIDERS**

**PERSONAL DETAILS:**

Title:	Dr	Other:	
First Name(s)			
Surname:			
Gender:	Male	Female	

**CONTACT DETAILS:**

Phone (Home):	(		)							
Phone (Work):	(		)							
Province:										
Fax:	(		)							
E-mail:										
Cellular:	(		)							

**EDUCATION:**

Qualification:										
Occupation:										
HCPSA Registration Number:										

**Cost of Accreditation:** R 950.00

Sent registration form and proof of payment to [education@fitpro.co.za](mailto:education@fitpro.co.za)

**Banking Details:**  
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