

The Optical Assistant

Registration Form

To register for the *Optical Assistant*, please complete this form and fax to 086 541 6422 or post to SB Media Promotions, P.O. Box 92687, Norwood, 2117, Johannesburg.

OP No: _____

Title: _____ First Name: _____ Surname: _____

Tel No.: _____

Cel No.: _____

Fax No.: _____

E-mail: _____

Practice No.: _____

Practice Name: _____

Postal Address: _____

Postal Code: _____