

ATTENTION: LETHU MCUNU

FAX NUMBER: 086 575 6546



FORM B

2010 IRBA SUPPORT PROGRAMME REPLY FORM

I WOULD LIKE TO PARTICIPATE IN THE 2010 SUPPORT PROGRAMME (please tick the relevant box)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME		YES		NO	
SURNAME					
MOBILE TELEPHONE NUMBER					
EMAIL ADDRESS					
Please mark (x) alongside your preferred centre					
Johannesburg					
Pretoria					
Durban					
Cape Town					
PORT ELIZABETH (only if there are sufficient number of candidates interested to participate in the programme)					
EAST LONDON (only if there are sufficient number of candidates interested to participate in the programme)					