SA International anamed Seminar in Natural Medicine 2027

Action for Natural Medicine
www.anamed-edition.com

REGISTRATION FORM

Please complete clearly and submit with proof of payment

1. Personal Information

Full Name (as per ID / Passport): _____
ID / Passport Number: _____
Nationality:_____
Gender:
☐ Male ☐ Female
Profession / Occupation:_____
Organisation / Ministry (if applicable):_____

2. Contact Details

Mobile / WhatsApp Number:_____
Email Address:_____
Country of Residence:_____

3. Seminar Selection

(Please tick the seminar you will attend)

Limpopo Province

☐ **Polokwane** 7-13 February 2027
☐ **Polokwane** 3-9 October 2027
☐ **Venda** 7-13 March 2027
☐ **Louis Trichardt** 21-27 February 2027

KwaZulu Natal Province

☐ **Midlands** 9-15 May 2027
☐ **Midlands** 24-30 Oct 2027

Mpumalanga Province

☐ **Rehoboth Low's Creek** 7-13 March 2027
☐ **Rehoboth Low's Creek** 6-12 June 2027
☐ **Rehoboth Low's Creek** 12-18 September 2027

Free State Province

☐ **Ladybrandt** 18 -24 April 2027
☐ **Ladybrandt** 19-25 September 2027

4. Emergency Contact Details

Contact Name: _____
Phone Number:_____

5. Declaration

I confirm that I will attend the full seminar and commit to practising and sharing the knowledge gained.
Signature: _____ Date: _____

💳 **Banking Details**

Bank: First National Bank (Cheque)
Account Name: The Joy of Healing (PTY) LTD
Account Number: 62781801214
Branch Code: 250655
Reference: **Your initials & surname**

📧 **Email completed form + proof of payment to:**

thejoyofhealing52@gmail.com ⏳ **Registration closes ONE WEEK before the seminar start date**