

REGISTRATION FORM 2026



Action for Natural Medicine, see www.anamed-edition.com

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)

- Polokwane** – 9–14 February 2026
- Polokwane** – 5–9 October 2026
- Louis Trichardt** – 26–31 January 202
- Rehoboth (Mpumalanga)** – 7–13 June 2026
- Rehoboth (Mpumalanga)** – 6–12 September 2026

4. Emergency 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**