

SID HEALTH CONVENTION- 2018  
“EMPOWERED TO HEALTH SUSTENANCE & RECOVERY”

REGISTRATION FORM

Name:	Gender:	**Position/profession:	Union:		
Contact details: cell phone		E-mail			
Attendance date:		Conference only: _____ Conference and Accommodation: _____			
Payment: <i>(please attach proof of payment)</i> <b>Use direct deposit to account below, or visit: <a href="http://www.sidhealthconvention.org">www.sidhealthconvention.org</a> for more instructions</b> Else Contact your Union Director or +27 826820566 for further assistance					
<i>Please tick below the Break-away session/workshop you wish to attend</i>					
WEDNESDAY (14/10/18)		THURSDAY (15/10/18)		FRIDAY (14/10/18)	
AM	PM	AM	PM	AM	PM
*Addiction recovery: _____	*Addiction recovery: _____	*Addiction recovery: _____	*Addiction recovery: _____	*Addiction recovery: _____	*Addiction recovery: _____

Stop smoking: ____			Stop smoking ____		Stop smoking ____
*Supporting ministries __		*Supporting ministries__		*Supporting ministries____	
Risk Management (ARM) ____	Risk Management (ARM) ____	Risk Management (ARM) ____			Risk Management (ARM) ____
	AAIM (HIV/AIDS) __		AAIM (HIV/AIDS) __		
	Health facility safety		Health facility safety		
				Branding Health institutions____	
CPD: Depression		CPD: Suicide		CPD: Drug addiction- Nyaope	
Governance			Governance		Governance
			Health Expo CELEBRATIONS	Health Expo CELEBRATIONS	
	Nutrition topics	Nutrition topics		Drugs Vs Herbs	

\*courses are continuous cumulative material/discussion. Subsequent days build up on previous so enrollment. To get an Addiction recovery program certificate and start running the program in your church or community, one needs to attend 15hrs of training.

\*\*Church representatives or workers to put their position and professional qualification, all others just professional qualification, eg. Teacher, nurse, pastor etc.

**Bank:** FNB  
**Branch:** Irene  
**Code** 250645  
**Account Name:** General Conference of SDA  
**Account Number:** 62616961852

**Deposit code:** Health Convention (*your Union*) **This means write “Health Convention” and the name of your Union**

**Scan and email the completed form and payment receipt to your Union and copy SID at [slingersl@sid.adventist.org](mailto:slingersl@sid.adventist.org)**