



On behalf of the Council of Higher Education an invitation to attend and participate in the Higher Education Practice Standards Capacity Building Workshop

REGISTRATION FORM

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| **Private Provider Institution Name:** |  |
| **Delegate Name:** |  |
| **Designation:** |  |
| **E-mail address:** |  |
| **Telephone number:** |  |
| **Select Province:** | **Johannesburg****20 April 2023** |  | **Cape Town****11 May 2023** |  |

**Please ensure the registration form is submitted to** **events@appetd.org.za****.**