



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**](mailto:events@appetd.org.za)**.**