**Disaster Medicine**

**Basic Principles and Practice**

College of Emergency Care

**15-19 April 2013**

# REGISTRATION FORM

**PLEASE COMPLETE IN BLOCK CAPITAL LETTERS**

Prof/Dr/Mr/Mrs/Ms First Name  Surname

Address:

Postal Code: HPCSA Number:

Tel: Fax:

Mobile: E-Mail:

* **REGISTRATION FEES**
* Full Registration Fee R 3950
* Emergency Medicine Registrar R 1975
* Mphil Student (Admin Fee) R 550
* Mphil Student (Disaster Text Book) R 250

**To order a text book please contact Kim Claasen (EMS) 021 948 9908**

Full Course fee includes teas, lunch and lectures

* **PLEASE COMPLETE:**
* **Registration Fees:**
* **Please advise of any dietary requirements :**

* **Normal diet………………………………………………………………………….**
* **Payment Information**

**Kindly note full prepayment is required before confirmation of registration will be sent. If the DOH is paying the registration fees it is advisable to follow up your payment status or your registration will be cancelled**

1. Bank deposits: Please see banking details below and fax the deposit slip to (021) 650 1926
2. Internet transfers: Please fax proof of payment to (021) 650 1926
3. Cheques: Please see account name and address below. No foreign cheques.
4. Credit cards: Please complete the credit card section below

Standard Bank

Mowbray Branch

Branch Code: 02-49-09

Account Name: **Conference Management 03**

Account Number: 071-279-024

Swift Code: SBZAZAJJ

* **Cancellations**

Cancellations should be made in writing and mailed, faxed or e-mailed to Cindy Maree at the address below.

10% cancellation fee applies before 15 February 2013 - 100% cancellation fee applies after 15 February 2013.

* Please return this form to:

Cindy Maree, Conference Management Centre, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa, Tel: +27-21-406 6407 / Fax: +27-21-6501926

Email: **cindy.maree@uct.ac.za**