## CONFERENCE FOR GENERAL PRACTITIONERS

**CARDIOVASCULAR DISEASES**  
Monday 16th January 2017  
**INFECTIOUS DISEASES**  
Tuesday 17th January 2017  
**GENERAL CONFERENCE**  
Wednesday 18th – Friday 20th January 2017

**VENUE:** The River Club, Liesbeeck Parkway, Observatory, 7925

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**REGISTRATION FORM**

DELEGATE INFORMATION:

<table>
<thead>
<tr>
<th>Title</th>
<th>Prof</th>
<th>Dr</th>
<th>Mr</th>
<th>Mrs</th>
<th>Ms</th>
<th>Miss</th>
<th>Other</th>
</tr>
</thead>
</table>

Surname:  
Organisation:  
Postal Address:  
City:  
Postal Code (Zip):  
Telephone No:  
Fax No:  
Cell Phone No:  
E-mail address:

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CONFERENCE REGISTRATION: MONDAY 16 – FRIDAY 20 JANUARY 2017

<table>
<thead>
<tr>
<th>Categories</th>
<th>Early Registration</th>
<th>Late Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular &amp; Infectious Diseases: 16 – 17 Jan 2017</td>
<td>R2100</td>
<td>R2300</td>
</tr>
<tr>
<td>General Conference: 18 – 20 Jan 2017</td>
<td>R2500</td>
<td>R2700</td>
</tr>
<tr>
<td>Full Conference: 16 - 20 Jan 2016</td>
<td>R3800</td>
<td>R4200</td>
</tr>
<tr>
<td>Day Registration: Mon / Tues / Wed / Thurs</td>
<td>R1250</td>
<td>R1350</td>
</tr>
<tr>
<td>Day Registration: Friday</td>
<td>R950</td>
<td>R1050</td>
</tr>
<tr>
<td>UCT Family Medicine Registrars</td>
<td>R900</td>
<td>R900</td>
</tr>
</tbody>
</table>

Conference Fees include: Teas, Lunches and Registration Materials

If attending on a daily basis, please indicate which days you will be attending

| Mon | Tues | Wed | Thurs | Fri |

Total Conference Registration Fee: R

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**INVOTES**

Please indicate if you require an invoice

Yes  
No

Provide billing address

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**DIETARY REQUIREMENTS:** PLEASE NOTE THAT WE USE HALAAL FRIENDLY CATERERS AT ALL TIMES

Vegetarian  
Halaal (STRICTLY)  
Kosher (STRICTLY)

Other (please specify)

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**SPECIAL NEEDS:**

Wheelchair User  
Other, Please specify

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**PAYMENT INFORMATION:**

<table>
<thead>
<tr>
<th>Bank Account Details</th>
<th>Payment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank</td>
<td>Bank Deposit</td>
</tr>
<tr>
<td>Standard Bank</td>
<td>Internet Transfer</td>
</tr>
<tr>
<td>Mowbray</td>
<td>Cheque</td>
</tr>
<tr>
<td>024909</td>
<td>Credit Card</td>
</tr>
<tr>
<td>GP Refresher Course</td>
<td></td>
</tr>
<tr>
<td>071 277 617</td>
<td></td>
</tr>
<tr>
<td>SBZAZAJJ</td>
<td></td>
</tr>
</tbody>
</table>

*Please note that all bank charges are for your OWN account

*Proof of payment should be sent to Janet.Sirmongpong@uct.ac.za

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**PAYMENT INFORMATION:**

Bank Account Details:  
Bank: Standard Bank  
Branch: Mowbray  
Branch Code: 024909  
Account Holder: GP Refresher Course  
Account Number: 071 277 617  
Swift Code: SBZAZAJJ

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Please return this form to: Janet.Sirmongpong@uct.ac.za or register online: www.uctgpconf.co.za