

# CONFERENCE FOR GENERAL PRACTITIONERS

## CARDIOVASCULAR DISEASES

Monday 16<sup>th</sup> January 2017

## INFECTIOUS DISEASES

Tuesday 17<sup>th</sup> January 2017

## GENERAL CONFERENCE

Wednesday 18<sup>th</sup> – Friday 20<sup>th</sup> January 2017



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

### REGISTRATION FORM

#### DELEGATE INFORMATION:

Title:  Prof  Dr  Mr  Mrs  Ms  Miss  Other

<b>Surname:</b>		<b>First name:</b>	
<b>Organisation:</b>		<b>Dept./Section:</b>	
<b>Postal Address:</b>			
<b>City</b>		<b>Country</b>	
<b>Postal Code (Zip):</b>		<b>HPCSA Reg No:</b>	
<b>Telephone No:</b>		<b>Fax No:</b>	
<b>Cell Phone No:</b>		<b>E-mail address:</b>	

#### CONFERENCE REGISTRATION: MONDAY 16 – FRIDAY 20 JANUARY 2017

Categories	Early Registration	Late Registration
	Up to & Including 30 Nov 2016	From 01 Dec 2016
<b>Cardiovascular &amp; Infectious Diseases:</b> 16 – 17 Jan 2017	<input type="checkbox"/> R2100	<input type="checkbox"/> R2300
<b>General Conference:</b> 18 – 20 Jan 2017	<input type="checkbox"/> R2500	<input type="checkbox"/> R2700
<b>Full Conference:</b> 16 - 20 Jan 2016	<input type="checkbox"/> R3800	<input type="checkbox"/> R4200
<b>Day Registration:</b> Mon / Tues / Wed / Thurs	<input type="checkbox"/> R1250	<input type="checkbox"/> R1350
<b>Day Registration:</b> Friday	<input type="checkbox"/> R950	<input type="checkbox"/> R1050
<b>UCT Family Medicine Registrars</b>	<input type="checkbox"/> R900	<input type="checkbox"/> R900

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:**

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#### INVOICES

Please indicate if you require an invoice  Yes  No

Provide billing address

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

Vegetarian  Halaal (STRICTLY)  Kosher (STRICTLY)  Other (please specify)

#### SPECIAL NEEDS:

Wheelchair User  Other, Please specify

#### PAYMENT INFORMATION:

Bank Account Details		Payment Method	
<b>Bank</b>	Standard Bank	<input type="checkbox"/> Bank Deposit	<input type="checkbox"/> Internet Transfer
<b>Branch</b>	Mowbray	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card
<b>Branch Code</b>	024909	<b>Cancellations</b> should be made in writing e-mailed to Janet Sirmongpong at the address below. A 15% cancellation fee applies before 15 December 2016 – thereafter a 100% cancellation fee will apply.	
<b>Account Holder</b>	GP Refresher Course		
<b>Account Number</b>	071 277 617		
<b>Account Number</b>	071 277 617	*Proof of payment should be sent to <a href="mailto:Janet.Sirmongpong@uct.ac.za">Janet.Sirmongpong@uct.ac.za</a>	
<b>Swift Code</b>	SBZAJJ		
*Please note that we do not accept foreign cheques.			

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

**Credit Cards:** Please email [janet.sirmongpong@uct.ac.za](mailto:janet.sirmongpong@uct.ac.za) for an authorization form

Please return this form to:

Email: [Janet.Sirmongpong@uct.ac.za](mailto:Janet.Sirmongpong@uct.ac.za) or register online: [www.uctgpconf.co.za](http://www.uctgpconf.co.za)