



Department of Paediatrics and Child Health  
University of Cape Town



**PET1**

**Post Congress Workshop:**  
**Paediatric Epilepsy Training course (PET1 course)**  
Red Cross War Memorial Children's Hospital, 2nd Floor, Skills Laboratory  
**Saturday 13 February 2016**  
**REGISTRATION FORM**

Please complete and return to [sonja@londocor.co.za](mailto:sonja@londocor.co.za) / [dine@londocor.co.za](mailto:dine@londocor.co.za) Or Fax: 086 694 5671

Title: ..... First Name: ..... Surname: .....

HPCSA no: ..... Tel no: ..... Cell no: .....

Fax no: ..... E-mail: .....

Postal address: .....

..... Postal code: .....

Special meal requirements:  Strict Halaal  Kosher  Vegetarian  Other: .....

**REGISTRATION CATEGORY**

**Registration fee**

**POST CONGRESS WORKSHOP:**

Paediatric Epilepsy Training course (PET1 course)

R1 400.00

Date: Saturday 13 February 2016

Venue: Red Cross War Memorial Children's Hospital, 2nd Floor, Skills Laboratory

**Limited space available (50 delegates)**



**TOTAL AMOUNT DUE: R** .....

**PAYMENT INSTRUCTIONS**

Electronic transfer (EFT) - Please use your surname as a reference when submitting payment

**BANK DETAILS**

Bank: ABSA

Name of Account: Epilepsy 2016

Account type: Savings

Account Number: 9300883234

Branch code: 632005

**Payment by Credit Card (Visa & Master Cards only)**

Name of card holder: ..... Type of card: .....

Card number: ..... Last 3 digits on back of card: .....

Expiry date: ..... Signature of card holder: .....

For more information please contact Londocor, Diné Poulton

**Tel: 011 954 5753 OR E-mail: [dine@londocor.co.za](mailto:dine@londocor.co.za)**