****

**Fundamentals of Emergency Care (FEC)**

**9-10 May 2014**

**Clinical Skills Lab, Groote Schuur Hospital**

# REGISTRATION FORM

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

Address:

Postal Code: HPCSA Number:

Tel: Fax:

Mobile: E-Mail:

**CLOSING DATE FOR REGISTRATION**

**2 April 2014**

* **Delegates attending the course are required to have BLS (Basic Life Support) experience**
* **Delegates must receive the course material no less than 4 weeks before the course to allow time to study for the exam on the first day therefore payment should be received no less than 4 weeks before the course starts.**
* **REGISTRATION FEES-**include materials and catering

 Full Registration Fee R 2 795.00 Total owing (please complete) ………………………………...

* **Dietary requirements**

Catering will be Halaal. If you have any strict dietary requirements please advise …………………………………………..

* **Payment Information**

Kindly note full prepayment is required before confirmation of registration will be sent. If your institution or the respective provincial government is paying your registration fees, it is advisable to follow up your payment status and ensure payment is made at least five weeks\*\* before the course commences. This is particularly important if pre-course reading is required.

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

**Credit cards:** Please debit my card: Master Card 🞏 Visa 🞏 American Express 🞏

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Card Number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CVC Number: |  |  |  | Expiry Date: | M | M | Y | Y | Signature: |  |

**PLEASE INCLUDE A COPY OF THE FRONT OF YOUR CREDIT CARD**

* **Cancellations**

Cancellations should be made in writing and mailed, faxed or e-mailed to **Emma Vaughan** at the address below.

10% cancellation fee applies before 31 March 2014 - 100% cancellation fee applies after 31 March 2014.

* Please return this form to:

Emma Vaughan, Conference Management Centre, Faculty of Health Sciences, University of Cape Town

Tel: 021 406 6407 Fax: 021 6501926

Email: Emma.Vaughan@uct.ac.za

\*\* Payment terms are course specific