

REGISTRATION FORM

PAEDIATRIC REFRESHER COURSE 2010

9–12 February • The Vineyard Hotel • Cape Town



Please Complete & Return by Fax to: 011 442 8094

Surname		Title
First Name		
Telephone	Mobile	
E-Mail	Fax	
Postal Address		
		Code
Hospital / Company / Organisation		
MP No.		
Dietary Requirements		

COURSE WORKSHOPS 8 February

BOOKING ESSENTIAL	Please mark clearly with an (X)	
Paediatric & Neonatal Ventilation (Full day) Monday 8 February	<input type="checkbox"/>	R 825
Acute Abdominal Emergencies in Children (Half day)	<input type="checkbox"/>	R 550
ADHD Symposium (Half Day)	<input type="checkbox"/>	R 550
WORKSHOP REGISTRATION FEES PAYABLE (SUB-TOTAL)		R

PAEDIATRIC REFRESHER COURSE 9 – 12 February

	Early Registration Before 11 December 2009	Late Registration Before 29 January 2010
Delegate Registration Fee	R 2 000	R 2 200
Limited capacity - BOOK EARLY	Total Fees Payable	
	R	

PAYMENT INSTRUCTIONS

NOTE: If registering as a group, EACH PERSON must complete a separate form. Only full pre-paid registrations will be accepted by the organisers. Bookings are non-transferable.

METHODS OF PAYMENT: Please fax through proof of payment, with your name and Registration Form, to 011 442 8094. Should this not be received, your booking will be invalid. Please mark (x) your selected method of payment.

- Bank deposit or electronic transfer:**
 Account Name: **SUE MCGUINNESS COMMUNICATIONS CC – PAEDRC10**
 Standard Bank Account Number: **202268934**
 Branch Code: **00 4205**

Please print clearly your **SURNAME** and **INITIAL** on Bank/Electronic transfers. The Organiser will not be responsible for identifying funds if the delegate's name is not mentioned. The Organiser will not accept any bank charges associated with the transfer.

- Credit Card:** The cardholder must complete and sign this form authorising Sue McGuinness Communications on behalf of **Paediatric Refresher Course 2010** to debit his/her credit card. For security reasons, a photocopy of the front and back of the credit card, as well as the cardholder's identity document or passport must be faxed together with the Registration Form. Only Visa and Mastercard accepted.

CREDIT CARD DETAILS (Please Print Clearly)

I(cardholder's full name) hereby authorise Sue McGuinness Communications on behalf of Paediatric Refresher Course 2010 to charge my: VISA MASTERCARD

for the amount of R..... straight payment as if I had been present with my card.

Credit Card No.

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Last 3 digits on back of card _____ Expiry date: m _____ / y _____

Cardholder's Name

Cardholder's ID/Passport No.....

Country of Issue

Cardholder's Address Postal Code

Cardholder's Signature (essential) Date

Telephone Enquiries 011 447 3876 Email: jan.suemc@tiscali.co.za

Please keep a copy for your own records.