# REGISTRATION FORM
## Leriba Lodge – Centurion – Pretoria
### Saturday 20 February 2010

| | |
|---|---|
| **Surname** | |
| **First Name** | **Title** |
| **Telephone** | **Mobile** |
| **E-Mail** | **Fax** |
| **Postal Address** | |
| | **Code** |
| **Hospital / Company / Organisation** | |
| **MP No.** | **Dietary Requirements** |
| **Registration Fees (Inclusive of Vat)** | **R500** |

## Payment Instructions

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

**METHODS OF PAYMENT:** Please fax through proof of payment with your name and Registration Form to **+27 (0)11 442 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**
Bank: ABSA Bank
Account Number: 4063961380

Please print clearly and indicate 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 **UPdate 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 **UPdate 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. | | | | | | | | | | | | | | | | |

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 _____

**www.paediatrician.co.za Telephone Enquiries +27(0)11 447 3876**
**Email jan.suemc@tiscali.co.za**

**Please keep a copy for your own records.**