



# 42nd Annual UCT Paediatric Refresher Course

Vineyard Hotel, Newlands, Cape Town

12 - 15 February 2019



## REGISTRATION FORM

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

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

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

Profession: ..... E-mail: .....

Special meal requirements:  Strict Halaal  Kosher  Vegetarian

### REGISTRATION CATEGORY

Late Registration  
From 02 Dec 2018

#### Pre Congress Workshops: Tuesday 12 February 2019

- **Full day Workshops (Neonatal & Paediatric Skills Marketplace: Cardiology and Emergency workshop)**  R 2 400.00  
 Neonatal Workshop(morning) AND  Skills Market place (Cardiology & Emergency workshop-afternoon)
- **Half day Workshop:**  Neonatal Workshop OR  Paediatric Skills Marketplace  R 1 800.00
- **Full day Workshop** concessionary rate (dieticians, nurses and state doctors)  R 1 500.00  
 Neonatal Workshop(morning at Vineyard Hotel )  Marketplace(afternoon at Red Cross Hospital)
- **Half day concessionary rate:**  R 900.00  
 Neonatal morning Workshop  Marketplace afternoon workshop

**Full Congress** 13 - 15 February 2019 (excluding Pre Congress Workshops)  R 4 500.00

**Full Congress - concessionary rate** (dieticians, nurses and state doctors)  R 3 500.00

#### Day Registration

Wednesday 13 February 2019  R 2 500.00

Thursday 14 February 2019  R 2 500.00

Friday 15 February 2019

**Day Registration - concessionary rate**(dieticians, nurses and state doctors, UCT Staff/Students/RCWMCH) R1 100.00 per day

Wednesday 13 February  Thursday 14 February  Friday 15 February

#### UCT Staff / Student / RCWMCH - FULLY BOOKED

TOTAL AMOUNT DUE: R

#### PAYMENT INSTRUCTIONS

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

#### BANKING DETAILS

Bank: ABSA

Account type: Savings

Branch code: 632005

Name of Account: UCT PAED 2019

Account Number: 9298867340

#### 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 Diné Poulton at 011 954 5753 or email [dine@londocor.co.za](mailto:dine@londocor.co.za)

Notice of cancellation must be given in writing. Any cancellations received before 02 January 2019 will be charged a penalty fee of ZAR350.00. Any cancellations received after this date will result in a 100% cancellation fee.