



REGISTRATION

FORM

Johnson & Johnson Building
Red Cross War Memorial
Children's Hospital

Saturday 20 July 2019

Please fax proof of payment with your name and registration form to
086 694 5671 OR e-mail dine@londocor.co.za

Title: First Name: Surname:

HPCSA no: Tel no: Cell no:

E-mail:

Special meal requirements:

REGISTRATION CATEGORY	Early Registration Until 31 May 2019	Late Registration From 01 June 2019
Delegate Registration Fee	<input type="checkbox"/> R1 000.00 early	<input type="checkbox"/> R1 200.00 late
UCT Staff/Students	<input type="checkbox"/> R300.00 early	<input type="checkbox"/> R 500.00 late
RCWMCH	<input type="checkbox"/> R300.00 early	<input type="checkbox"/> R 500.00 late
Staff/Student number	RCWMCH number	

PAYMENT INSTRUCTIONS

Electronic transfer (EFT)

Please use your surname as a reference number when submitting the payment.

BANK DETAILS

Bank: ABSA
Name of Account: UCT PAEDGP

Account type: Savings
Account Number: 9304184646

Branch code: 632005

For more information please contact Londocor, Diné Poulton

Tel: +27 11 954 5753 OR E-mail: dine@londocor.co.za

