



Department of Paediatrics and Child Health

University of Cape Town

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 or Fax 086 694 5671

Title: First Name: Surname:

HPCSA no: Tel no: Cell no:

Profession: E-mail:

Work address:

Special meal requirements: Strict Halaal Kosher Vegetarian

REGISTRATION CATEGORY

Early Registration
by 01 Dec 2018

Late Registration
From 02 Dec 2018

Pre Congress Workshops: Wednesday 12 February 2019

- Full day Workshops (Neonatal, Cardiology / Emergency workshop) R 2 200.00 R 2 400.00
- Half day Workshop: Neonatal Workshop Cardiology Emergency workshop R 1 500.00 R 1 800.00
- Full day Workshop concessionary rate (dieticians, nurses and state doctors) R 1 000.00 R 1 500.00
- Half day concessionary rate: R 800.00 R 900.00
 - Emergency Paediatrics Neonatal Workshop Cardiology/Emergency workshop

Full Congress 13 - 15 February 2019 (excluding Pre Congress Workshops) R 4 100.00 R 4 500.00

Full Congress - concessionary rate (dieticians, nurses and state doctors) R 3 200.00 R 3 500.00

Day Registration

- Wednesday 13 February 2019 R 2 200.00 R 2 500.00
- Thursday 14 February 2019 R 2 200.00 R 2 500.00
- Friday 15 February 2019 R 2 000.00 R 2 200.00

Trade (Each stand qualifies for 2 free registrations) Please note that companies who do not exhibit, may unfortunately not partake
Additional trade R 2 800.00 R 3 200.00

UCT Staff / Student / RCWMCH (Limited Free registration - not including workshops)

UCT Staff UCT Student RCWMCH

UCT Staff number: Student number:

RCWMCH Persal number: Department:

Kindly note the free registration for UCT Staff / UCT Student / RCWMCH only applies before the 31st of January 2019. Limited to 30 delegates only.

TOTAL AMOUNT DUE: R

PAYMENT INSTRUCTIONS

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

BANKING DETAILS

Bank: ABSA

Name of Account: UCT PAED 2019

Account type: Savings

Account Number: 9298867340

Branch code: 632005

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

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.