



## SOUTHERN AFRICAN HYPERTENSION CONGRESS 2010

# REGISTRATION FORM

- PROOF OF PAYMENT MUST ACCOMPANY ALL COMPLETED REGISTRATION FORMS IN ORDER FOR YOUR REGISTRATION TO BE PROCESSED & CONFIRMED.
- COMPLETED FORMS AND PROOF OF PAYMENTS CAN BE FAXED TO THE CONGRESS ORGANISER ON: FAX: 011 795 3073

FULLY COMPLETED FORMS & PROOF OF PAYMENT MUST BE FAXED OR E-MAILED TO THE CONGRESS ORGANISER: (T) 011 795 3818 / (F) 011 795 3073 / (E-MAIL) eileenshaw@telkomsa.net

### DELEGATE DETAILS

Title: Prof  Dr  Mr  Mrs  Ms  Initials: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organisation/ Company/Institution: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Cell No: \_\_\_\_\_ Email: \_\_\_\_\_

HPSCA No: \_\_\_\_\_ Speciality: \_\_\_\_\_

Special Meal Requirements: Vegetarian  Kosher  Halaal

### REGISTRATION CATEGORY & FEES

DESCRIPTION	SADEC RESIDENT PRIVATE SECTOR & Public sector specialist	SA PUBLIC SECTOR SAHS Member Nurse / Pharmacist / Registrar	INTERNATIONAL DELEGATES (payable in ZAR)
FULL CONGRESS 5-7 February 2010	<input type="checkbox"/> R1500	<input type="checkbox"/> R1300	<input type="checkbox"/> R2200
FRIDAY ONLY 5 February 2010	<input type="checkbox"/> R600	<input type="checkbox"/> R500	<input type="checkbox"/> R700
SATURDAY ONLY 6 February 2010	<input type="checkbox"/> 600	<input type="checkbox"/> R500	<input type="checkbox"/> R700
SUNDAY ONLY 7 February 2010	<input type="checkbox"/> R600	<input type="checkbox"/> R500	<input type="checkbox"/> R700
INVITED SPEAKER	<input type="checkbox"/> R0	<input type="checkbox"/> R0	<input type="checkbox"/> R0
ADDITIONAL TRADE DELEGATE	<input type="checkbox"/> R500	-	-
TOTAL FEES PAYABLE:	R		

### BANKING DETAILS:

Name of account : South African Hypertension Society  
Bank : ABSA (Gezina)  
Account No : 4050959936