

SOUTHERN AFRICAN HYPERTENSION CONGRESS 2007 REGISTRATION FORM

Conference Secretariat: Dr Vicki Pinkney-Atkinson PO Box 122, River Club 2149
Tel. 011 706-4196 E-mail sahs@hypertension.org.za Fax 088-011 706-4196 or 011-706-4915

1. DELEGATE DETAILS			
Participating delegate: Title: Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>			
Last Name..... First Names.....			
Organisation/ Company/Institution.....			
Full Postal Address			
City Postal Code Country.....			
Telephone Code (+) No..... Fax Code (+).....			
E-mail.....MP No.....			
2. REGISTRATION FEES (Including lunch and refreshments) INDICATE WHICH DAYS ATTENDING			
<i>Early bird registration discount 10% until 15 March 2007</i>			
DESCRIPTION	SADEC RESIDENT PRIVATE SECTOR & Public sector specialist	SA PUBLIC SECTOR Nurse, pharmacist, or registrar	INTERNATIONAL DELEGATES
Full congress registration 26-28 May 2007 <input type="checkbox"/>	R1365	R1197	US \$300
Saturday 26 May 2007 <input type="checkbox"/>	R455	R399	US \$100
Sunday 27 May 2007 <input type="checkbox"/>	R455	R399	US \$100
Monday 28 May 2007 Scientific Session <input type="checkbox"/>	R455	R399	US \$100
OR Monday 28 May 2007 Nurses Workshop <input type="checkbox"/>		R399	US \$100
REGISTRATION FEES TOTAL (please specify total)			R
3 BURSARIES			
A limited number of full or partial bursaries are available to public sector SAHS members who qualify. Applications must be accompanied by a letter from the employer Head of Department. Membership must be active at the time of registration. The bursaries cover registration costs only.			
4. DIETARY REQUIREMENTS			
<input type="checkbox"/> Vegetarian <input type="checkbox"/> Kosher <input type="checkbox"/> Halaal <input type="checkbox"/> Other			
5. DISABILITY ACCESS			
My disability access needs are _____ _____			
6. METHOD OF PAYMENT			
I will be submitting payment by: Direct Transfer <input type="checkbox"/> Cheque <input type="checkbox"/>			
Bank Transfer Details: Account Name: Hypertension Congress Bank: ABSA Universal: 63200500 Account Number: 4050959936			
It is important to fax or email a copy of the transfer to the: Congress Secretariat 088-011-706-4196.			
Signature: Date:			
Please note that registrations will not be accepted without proof of payment			