

Medicine Update 14 – 15 June 2013

REGISTRATION FORM

Please complete & return by 18 May 2013 to grace@sun.ac.za or via fax (021) 938 9870

DELEGATE INFORMATION

Title:	Name:	Surname:	
Postal Address:			
Town/City:		Postal Code:	
Telephone:	Fax:		
Mobile:	E-Mail:		
I.D. Number:			
Student Number:		MP Number:	

CONFERENCE REGISTRATION FEES

EARLY REGISTRATION valid from: 18 March 2013 – 18 May 2013

√ (Tick) Relevant Box Where Applicable	2 DAY FULL PACKAGE		2 day package LATE REGISTRATION From 19 May 2013		SINGLE DAY FEE Tick which date you attending	
					14/6	15/6
Physicians / Specialists / General Practitioners	R2 000.00		R2 700.00		R1 400.00	
Registrars / Students / MO / Nurses / Other	R1 400.00		R1 700.00		R950.00	
OB & Gynae Consultants (Stellenbosch University / Paarl / KBH / Worcester) valid till 18 May only	R1700.00		R2 700.00		R1400.00	
OB & Gynae Registrars (Stellenbosch University / Paarl / KBH / Worcester) valid till 18 May only	R1400.00		R1 700.00		R950.00	

* DIETARY REQUIREMENTS

Please specify:

TOTAL AMOUNT PAYABLE

Registration Fee R.....,00
GRAND TOTAL = R.....,00

GENERAL TERMS AND CONDITIONS

Registration is not transferable, unless by prior arrangement. Registration forms via mail, e-mail and fax will be accepted.
PLEASE FAX ALL PROOF OF PAYMENTS to Grace Bruintjies at (021) 938 9870 or e-mail graceb@sun.ac.za

CHEQUE PAYMENTS: Please make the cheque payable to: **STELLENBOSCH UNIVERSITY**
NO post-dated cheques will be accepted.

ELECTRONIC PAYMENTS: Please use your **surname AND code R1224 as a reference**
 Your deposit slip will serve as your receipt

CREDIT CARDS: *no credit card payments*

ACCOUNT DETAILS FOR DIRECT TRANSFER PAYMENTS

Name of Account: Stellenbosch University	Name of Bank: Standard Bank
Branch Code: 050610	Account Number: 073006955
Reference: *R1224 (*use this code along with your surname as a reference)	
Non-refundable cancellation fees of 40% will be incurred if cancellation is made after 17 May 2013.	