



Registration Form

Please complete the following and return with your proof of payment to Londocor:
 Fax to email: +27 87 238 7031 or e-mail: claries@londocor.co.za
 For further information contact Claries du Plessis at Londocor on +27 0(11) 954 5753

Title: First Name: Surname:

HPCSA no: Profession: Tel no:

Cell no: Email:

Work address:

Special meal requirements: Kosher Vegetarian

REGISTRATION CATEGORY

	Early Bird Registration Ends 30 March 2018	Late Registration From 1 April 2018
FULL CONGRESS REGISTRATION		
Specialists	<input type="checkbox"/> R3200.00	<input type="checkbox"/> R3600.00
General Practitioners	<input type="checkbox"/> R2900.00	<input type="checkbox"/> R3300.00
Nurses, Allied Health Professionals, Clinical Scientists	<input type="checkbox"/> R2600.00	<input type="checkbox"/> R2900.00
Postgraduate students and Registrars	<input type="checkbox"/> R1900.00	<input type="checkbox"/> R2100.00
DAY REGISTRATION		
Friday, 3 August - Full Day	<input type="checkbox"/> R1600.00	<input type="checkbox"/> R1800.00
Saturday, 4 August - Full Day	<input type="checkbox"/> R1600.00	<input type="checkbox"/> R1800.00
Sunday, 5 August - Half Day	<input type="checkbox"/> R1200.00	<input type="checkbox"/> R1400.00
WORKSHOPS - not included in registration fee		
1. Hypertension Masterclass - half day workshop (Nurses, Pharmacists, Dieticians)	<input type="checkbox"/> R550.00	<input type="checkbox"/> R600.00
2. Stroke Masterclass - half day workshop (Nurses, Pharmacists, Dieticians)	<input type="checkbox"/> R550.00	<input type="checkbox"/> R600.00
SOCIAL FUNCTIONS		
Coctail Function - Friday, 3 August	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> R0.00
Congress Dinner - Saturday, 4 August	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> R250.00
Partners / Spouses (for all social functions)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> R600.00
TRADE DELEGATES - x2 free registration per stand	<input type="checkbox"/> R2300.00	<input type="checkbox"/> R2600.00
Additional Trade		

BANKING DETAILS

Please use your initial and surname as a reference when submitting your payment

Bank: ABSA Branch: Horizon Branch code: 632005
 Account name: SASH 2018 Account number: 9330222606 Account type: Savings
 Swift code: ABSAZAJJ

FOR PAYMENT BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

Name of Cardholder Type of card (Master or Visa)

Exp date Card no Last 3 digits on the back

Signature of cardholder