



DELEGATE REGISTRATION FORM

PERSONAL DETAILS

Surname		First name	
Title		Name of programme	
Profession		HPCSA number	
Postal address		Email address	
Telephone number (W)		(Cell)	
Special Dietary Requirements		SACIG member: yes / no	
Intended Academic Participation	Delegate only		
	Paper Presentation (Title)		
	Case Presentation (+ name of person presenting)		

Registration fees

- Registration fees are inclusive of attendance and daily presentations, lunchtime snack on the 23rd and 25th May 2014 and light lunch on 24th May 2014, refreshment breaks, CPD application and certificates.
- Registration will be confirmed by e-mail once the completed registration forms and remittance advice (proof of payment) have been received
- Registration closes on the 22nd April 2014
- **Registration fees 3 days: SACIG members R450.00**

Non SACIG members R700.00

Bank details:

South African Cochlear Implant Group
 ABSA
 Account number 4064164090

Kindly fax proof of payment to 0867435393 / email wendy@jcic.co.za together with this delegate registration form.