



DELEGATE REGISTRATION FORM SACIG Congress 15-17 MAY 2020

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

Registration fees

- Registration fees are inclusive of attendance and daily presentations, lunchtime snack and light lunch, 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 30 April 2020

REGISTRATION FEES	
SACIG MEMBERS (ENT specialists)	R 2000
Audiologists, Speech & Language Therapists, other	R 1000
Non SACIG members (doctors)	R 2890
Non SACIG members (Audiologists, Speech & Language Therapists and other)	R 1155

Bank details:

South African Cochlear Implant Group

ABSA

Account number 4064164090

Kindly email nawaal.htc@gmail.com your proof of payment and this delegate registration form.