

## Fellows Education Workshop

6-7th October 2015

Wolfson Auditorium, IDM building, Anzio Road, Observatory, Cape Town

REGISTRATION FORM					
Early Booking Essential Please complete & return by email to: sioppodc2015@allevents.co.za					
Surname		Title			
First Name		Preferred Name			
Telephone		Fax			
Mobile		E-Mail			
Postal Address					
		Code			
Organisation		HPCSA Number (SA only)			
VAT registration number (if applicable)					
Delegate attending Welcome Cocktail: Wolfson building, Tuesday, 6 October 2015, 18h00 (Price included in registration fee - RSVP Essential)  Yes  No					
Accompanying Person to Social Function:	First Name				
	Surname				
Food Allergies / Special Instructions?					
Registration Fees & Categories					
Early Booking Essential					
Please mark (x) clearly			No of person (please indicate below)	Fee	
Delegate (only register one delegate per registration form) – before 30 April 2015		) – early bird		R 1050	
Delegate (only register one delegate per registration form) – early b				R 1250	
Number of accompani person: R 200.00	party. Cost per		R 200		
TOTAL FEES PAYABLE					
PLEASE NOTE: On-site registrations will be charged late registration fee + 10%					
www.saccsg.co.za Telephone enquiries +27 (0)21 9489549 Email: sipppodc2015@allevents.co.za					



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<b>NOTE:</b> If registering as a group, EACH PERSON must complete a separatransferable, for any changes please contact <b>+27 (0)21 9489549</b> . Only by the organisers. <b>METHODS OF PAYMENT:</b> Please <b>email</b> through proof of payment to name and registration form. Should this not be received, your book selected method of payment.	full prepaid registrations will be accepted sioppodc2015@allevents.co.za with your		
Bank deposit or electronic transfer:  Account Name: SIOP PODC 2015  Bank: First National Bank  Branch Name: Plumstead  Branch Code: 250655  Account Number: 6250 8932 755	NOTE: Please provide your SURNAME and INITIALS on Bank/Electronic ransfers and deposits. The Organiser will not be responsible for identifying funds if the delegate's name is not mentioned. The Organiser will not accept any bank charges associated with the transfer.		
Credit Card: The cardholder must complete and sign this form authorising Centeq Events, the registration administrator, on behalf of Event Management Solutions and SIOP PODC 2015 to debit his/her credit card. For security reasons, a photocopy of the front and back of the credit card, as well as the cardholder's identity document or passport must be faxedto+27 (0)219485563 together with the registration form. Only Visa and Mastercard are accepted.  CANCELLATIONS:  Cancellations received in writing by 30 June 2015 will receive a full refund less a 15% administration fee.  Cancellations received in writing by 31 August 2015 will receive a 50% refund less a 15% administration fee.  Cancellations received in writing after 1 September 2015 will result in full fees payment being due.  We recommend transfer of registration to a new delegate to avoid cancellation fee.  In the event of a cancellation, registrations are transferable to delegates not yet registered.			
Credit Card Details			
hereby authorise Centeq Events on behalf of SIOP PODC 2015 to charg  VISA MASTERCARD  (We regret we are unable to accept AMERICAN EXPRESS OR DINERS)  for the amount of R	ne my:		
Last 3 digits on back of card Expiry date: m  Cardholder's Name  Cardholder's ID/Passport No  Country of Issue  Cardholder's Address			
Cardholder's Signature (essential)	Postal Code//		