Pre-Conference Day on Residential Care

29 June 2015 | Venue: Dutch Reformed Church Hall, Kloof Street (Opp Knead), Cape Town | Time: 09:00h - 15:30h

Registration Form

DELEGATE REGISTRATION DETAILS									
Title		Dr	Prof	Mr	Ms				
Name									
Surname									
Organisation									
Postal Address									
City		Country				Postal Code			
Telephone		Fax				Mobile			
Email						Membership No			
DIETA DV DEOLIIDEA	MENTS Please indicate with a V								
DIETARY REQUIREMENTS - Please indicate with a X Regular Vegetarian Halaal Kosher Diabetic									
DELEGATE REGISTRATION FEES SIGN AS CONFIRMATION AND AGREEMENT TO PAYMENT TERMS AND CONDITION							IS		
	R140								

Registration closes 10 June 2015

SIGN AS CONFIRMATION AND AGREEMENT TO PAYMENT TERMS AND CONDITIONS								
Your signature:		Date:						

No parking at venue. Transport Pick up from Goodhope Centre at 08h15

Payment Terms: Non-arrivals will not be refunded. 100% cancellation fees payable if cancellation is received after 15 June 2015.

- Please return this page when registering by fax or email.
- You will receive a proforma invoice on receipt of the registration form.
- Use the proforma number as reference on deposit slip. If you pay before receiving the invoice, please use the following reference number: RESCARE/YOUR SURNAME
- This is a membership rate, so no additional discount applies
- Payment methods will be bank transfers only. No cash payments on the day.
- You will be registered on receipt of payment.



