REGISTRATION FORM

The 5th International Ventilation Through the Ages Symposium

Thursday 5 – Sunday 8 February 2009

Linder Auditorium, Parktown, Johannesburg

Please Complete & Return by Fax to: 011 442 8094 by latest 16 January

Surname	**Title**
First Name	
Telephone	**Mobile**
E-Mail	**Fax**
Postal Address	
	Code
Hospital/Company/Organisation	
MP No.	
Dietary Requirements?	

Registration Fees (Inclusive of VAT)

☐	**Doctors**	**R 1 600**
☐	**Nurses *Students & Registrars (*fax through copy of Student Card)**	**R 1 200**
	Total Fees Payable	**R**

Payment Instructions

NOTE: If registering as a group, EACH PERSON must complete a separate form. Bookings are non-transferable.
Only full pre-paid registrations will be accepted by the organisers.

METHODS OF PAYMENT: Please fax through proof of payment, with your name and Registration Form, to 011 442 8094. Should this not be received, your booking will be invalid. Please mark (x) your selected method of payment.

☐ **Bank deposit or electronic transfer:**

Account Name: **SUE MCGUINNESS COMMUNICATIONS CC**
Standard Bank Account Number: **202268926**
Branch Code: **00 4205**

Please print clearly and indicate your **SURNAME** and **INITIAL** on Bank/Electronic transfers. 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 Sue McGuinness Communications on behalf of Ventilation Through the Ages Symposium 2009, 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 faxed together with the Registration Form. Only Visa and Mastercard accepted.

Credit Card Details (Please Print Clearly)

I …… *(cardholder's full name)* hereby authorise Sue McGuinness Communications on behalf of Ventilation Through the Ages Symposium 2009, to charge my: VISA ☐ MASTERCARD ☐ for the amount of R…… straight payment as if I had been present with my card.

Credit Card No. |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Last 3 digits on back of card ___ ___ ___ Expiry date: m_____ / y_____

Cardholder's Name ……..

Cardholder's ID/Passport No……..

Country of Issue ……..

Cardholder's Address …… Postal Code ……..

Cardholder's Signature (essential) …… Date ……..

Telephone Enquiries 011 447 3876 Email: clauds.suemc@tiscali.co.za

Please keep a copy for your own records.