IMASA 33rd Annual Convention Cape Town 2013





SUGILITY ALTH CARE

21-22 September 2013, Cape Town

| DELEGATE'S SURNAME: | FIRST_NAMES: | |
|--|--------------|--|
| HPCSA NO: | MOBILE NO: | |
| POSTAL ADDRESS: | | |
| TELEPHONE NO: | FAX NO: | |
| EMAIL ADDRESS: | | |
| SPOUSE'S SURNAME AND NAME (IF ATTENDING) : | | |
| CHILDRENS NAMES & AGES (IF ATTENDING): | | |
| | | |

REGISTRATION FORM

| CATEGORY | EARLY DISCOUNTED FEE (before 31 JULY 2013) | FEE (after 31 JULY 2013) | TOTAL |
|--|---|-----------------------------|-------|
| MEMBERS: DOCTORS/DENTISTS/PHARMACISTS | R1750 | R2050 | |
| NON MEMBERS DOCTORS/DENTISTS/PHARMACISTS | R2000 | R2300 | |
| SPOUSES | R1450 | R1750 | |
| MEMBERS: ALLIED HEALTH /NURSES/INTERNS | R1550 | R1850 | |
| NON MEMBERS: ALLIED HEALTH/NURSES/INTERNS | R1850 | R2150 | |
| STUDENTS | R1000 | R1000 | |
| CHILDREN 0-3 | N/c | N/c | |
| CHILDREN 4-12YRS | R650 | R650 | |
| YOUTH CAMP | R800 | R1000 | |
| DAY DELEGATE | RII00 | R1100 | |
| INTERNATIONAL DELEGATE | \$ 250 | \$ 250 | |
| INTERNATIONAL SPOUSE | \$ 180 | \$ 180 | |
| GRAND TOTAL | | | |

(Banking details: Absa Bank Claremont, Acc No: 9228263916 Name of Account: IMA CAPETOWN Kindly fax registration plus proof of payment to: 086 603 5097

ACCOMMODATION RATES PER ROOM (INCLUDES BREAKFAST FOR 2 ADULTS PER ROOM, EXCLUDES 1% TOURISM LEVY) Book directly with NH LORD CHARLES HOTEL ON 021 855 1040 USE IMA CONFERENCE AS REFERENCE

| TYPE OF ROOM | RATE PER NIGHT | TOTAL |
|-----------------------------|------------------------------|-------|
| SINGLE ROOM | R920.00 | |
| DOUBLE/TWIN STANDARD | R920.00 | |
| SUPERIOR ROOM (SINGLE) | R1110.00 | |
| SUPERIOR ROOM (DOUBLE/TWIN) | R1110.00 | |
| STUDENT SUITES (4 PER ROOM) | R1760.00 (R440 PER PERSON) | |
| STUDENT SUITES (3 PER ROOM) | R I 520.00 (R506 PER PERSON) | |
| | GRAND TOTAL | |

Tougheeda Watson Waja

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