



## DELEGATE REGISTRATION FORM SACIG Congress 31/05 – 2/06/2019

### 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 3 May 2019

REGISTRATION FEES	
SACIG MEMBERS (ENT specialists)	R1 500.00
Audiologists, Speech & Language Therapists	R 850.00
Non SACIG members (doctors)	R1 800.00
Non SACIG members (Audiologists and Speech & Language Therapists)	R1 100.00

### Bank details:

South African Cochlear Implant Group

ABSA

Account number 4064164090

*Kindly email [nawaal.htc@gmail.com](mailto:nawaal.htc@gmail.com) your proof of payment and this delegate registration form.*