

Surname		Title	
First Name		Preferred Name	
Telephone		Mobile	
E-Mail		Fax	
Postal Address			
			Code
Hospital / Company / Organisation			MP No.
Food Allergies/Special Instructions:			

### Registration Fees (Inclusive of Vat) – Closing date 28 February 2011

Delegate Registration Fee	R 1 100.00
Registrar	R 100.00
Attending Sunday Lunch Session – RSVP Essential	<input type="checkbox"/> YES <input type="checkbox"/> NO

### 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 **+27 (0)11 442 8094**.  
Should this not be received, your booking will be invalid. Please mark (x) your selected method of payment.

- Bank deposit or electronic transfer:** 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.
- Account Name: **Sue McGuinness Communications**  
Bank: **ABSA Bank**  
Account Number: **4063961380**
- Credit Card:** The cardholder must complete and sign this form authorising Sue McGuinness Communications on behalf of **UPdate 2011** 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 **UPdate 2011**, to charge my:    VISA     MASTERCARD   
for the amount of R \_\_\_\_\_ straight payment as if I had been present with my card.

Credit Card No.    

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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 \_\_\_\_\_

Please attach a copy of your credit card (front & back) and ID document or passport in order for payment to be processed.