



**UNIVERSITY OF CAPE TOWN**  
**Department of Obstetrics & Gynaecology**  
 Register online at <http://www.uctogrefresher.org.za>



**CTG Workshop**

11, 13, 16, 18, 20 and 25 November 2015, Department of Obstetrics & Gynaecology, University of Cape Town

**Registration Form**

To register, kindly complete **one form per delegate** and email or fax it to Turners Conferences

Email: [gills@turnergroup.co.za](mailto:gills@turnergroup.co.za), Fax: 031 368 6623, Tel: 031 368 8000

**SECTION 1 – DELEGATE INFORMATION**

Last Name/Family Name		First Name (for badge)		Title: Prof/Dr/Ms/Mrs./Mr.		MP Number	
This is my:		Private Address:		Institution Address:		Please fill in the relevant details below	
Institution Name:							
VAT Reg No:							
Address:							
City:		State:		Post Code:			
Country:		Tel:		Mobile:			
Email Address: (Please Print)				Fax:			
Special Dietary and Other Requests:							
Registration Code				For office use only.			

**REGISTRATION FEES: CTG WORKSHOP**

Registration Category	Cost (Per day)	Amount	
Standard Delegate & Privately Employed Midwife Registration (1 Day Workshop)	ZAR 650.00	ZAR	
State Employed Midwife Registration	ZAR 400.00	ZAR	
Registrar Delegate Registration	ZAR 400.00	ZAR	
Please indicate the date you would like to attend by ticking the box applicable.	Wednesday 11 <sup>th</sup> Nov	Friday 13 <sup>th</sup> Nov	Monday 16 <sup>th</sup> Nov
	Wednesday 18 <sup>th</sup> Nov	Friday 20 <sup>th</sup> Nov	Wednesday 25 <sup>th</sup> Nov

**Registration fees Include:** Attendance at the workshop on the specific day your register for, tea breaks, lunch, a badge and a printed programme.

**PAYMENT DETAILS**

Please enter **X** in the appropriate box

Option 1 <b>Bank Transfer</b>	You must specify <b>your name and the words "O&amp;G CTG Workshop"</b> on your bank transfer. Forward to: Turners Conferences & Convention (Pty) Ltd - ABSA Bank - Account No. 4060455419 – Branch code – 632005 - Branch - KZN Business Banking- Swift No. ABSA-ZA-JJ. (Please fax a copy of your transfer to Turners). Final date for Bank Transfer payments will be the 6 November 2015.
Option 2 <b>Credit Card</b>	Please complete the following authorization for Congress Organizers to debit your credit card.

I, the undersigned, do hereby authorize Turners Conferences to debit my credit card for the following amounts: (please fax a copy of the front and back of your credit card to Turners)

Registration Fees	<b>TOTAL</b>	R
<b>Credit Card Type X</b>	Master	Visa
	Diners	Amex
Credit Card Number	Expiry Date	
Cardholder's Name	3 Digit no. on reverse side where applicable	
Cardholder's Signature	Date of Signature	

**Please complete and return this form to:** Gill Slaughter, Conference Manager, Turners Conferences & Conventions.  
 Email: [gills@turnergroup.co.za](mailto:gills@turnergroup.co.za) or Fax: +27 31 368 6623

