



# DIABETIC FOOT WORKING GROUP PROGRAMME

**13 -15**  
**AUGUST**  
**2010**

Please complete and return BEFORE 23 July 2010 (for early registration) and 29 July 2010 to:  
**MARI HORN, DIABETIC FOOT WORKING GROUP CONGRESS, PO BOX 19063, 7505 TYGERBERG, SOUTH AFRICA.**  
TEL: +27-21-938 9082 or FAX: +27-21-933-2649



## REGISTRATION DETAILS – PLEASE USE BLOCK LETTERS

Place  in appropriate box

Title	Prof <input type="checkbox"/>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>
Initials and Surname				
First Name for badge				

### Accompanying person details

Place  in appropriate box

Title	Prof <input type="checkbox"/>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>
Initials and Surname				
First Name for badge				
Organisation				
Full Postal Address				
City				
Country			Zip Code	
Telephone Number			Fax number	
E-Mail				
ID Number				

	EARLY <i>Payment before 23 July 2010</i>	LATE <i>After 23 July 2010 and before 29 July 2010</i>	TOTAL
<b>MEMBERS</b>	<b>R1 500</b>	<b>R1 850</b>	
<b>NON-MEMBERS</b>	<b>R2 000</b>	<b>R2 500</b>	

DATE	SOCIAL EVENTS	NO. OF PEOPLE ATTENDING	TOTAL
<b>Friday</b> 13 August 2010	<b>Welcome function at Spier Conference Centre</b> Delegates: R0.00 Accompanying person: R220.00		
<b>Saturday</b> 14 August 2010	<b>Gala Dinner at Moyo</b> Delegates: R250.00 Accompanying person: R350.00		
<b>TOTAL FEE DUE (Registration and functions)</b>			

Please state any food preference eg: No preference  Halaal  Kosher  Vegetarian  Vegan  Diabetic

## PAYMENT DETAILS

Place  in appropriate box

Cheque  Funds transfer

### Account details for electronic funds transfer (EFT)

Name of Bank: ABSA BANK LTD, 21 MCINTYRE ROAD,  
PAROW,7500, SOUTH AFRICA  
Swift Code: ABSA.ZA.J.J  
Branch Code: 52 21 10  
Account Name: DIABETIC FOOT 2010  
Account No: 919 149 3458

### Credit card

Type of card: MASTER  VISA  AMEX   
Card number:   
Name of cardholder: \_\_\_\_\_  
Expiry date: \_\_\_\_\_  
CCV Code (last 3 digits on back of card): \_\_\_\_\_

I (above stated participant) hereby acknowledge that the information supplied is correct and authorise the aforementioned conference to process the credit card payment if applicable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_