## Cochrane South Africa National Symposium

## 17-18 March 2020

## Registration form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONAL DETAILS | | | | | | | | | | | | | | | | | | | | |
| Title |  | | First name | | |  | | | | | | | | Surname | | |  | | | |
| Affiliation | | |  | | | | | | | | | | | | | | | | | |
| Postal address | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Work no. | | |  | | | | | | | | | Cell no. | | |  | | | | | |
| Email address | | |  | | | | | | | | | | | | | | | | | |
| DIETARY REQUIREMENTS | | | | | | | | | | | | | | | | | | | | |
| None | | | |  | Kosher | | | |  | Halaal | | | | | |  | | Vegetarian | |  |
| Other diet (please specify) | | | | | |  | | | | | | | | | | | | | | |
| REGISTRATION | | | | | | | | | | | | | | | | | | | | |
| Day registration: R 862.50 (incl. VAT) Full registration R 1,725 (incl. VAT)Registration includes:Conference bag and name badgeAccess to all scientific sessions on the date of registrationLunch and refreshments on the date of registrationPlease email completed registration form to [cochranesa@mrc.ac.za](mailto:cochranesa@mrc.ac.za) | | | | | | | | | | | | | | | | | | | | |
| Please indicate which day(s) you will attend | | | | | | | | | | | | | | | | | | | | |
| Day 1 (17 March 2020) | | | | | | | |  | | | Day 2 (18 March 2020) | | | | | | | |  | |
| METHOD OF PAYMENT | | | | | | | | | | | | | | | | | | | | |
| Payment must be made by bank transfer. Please indicate clearly your name and surname on the deposit slip and email the proof of payment to [cochranesa@mrc.ac.za](mailto:cochranesa@mrc.ac.za). Registration can only be confirmed once payment has been received. A tax invoice/receipt will be issued on receipt of payment. | | | | | | | | | | | | | | | | | | | | |
| BANKING DETAILS | | | | | | | | | | | | | | | | | | | | |
| Bank name | | ABSA | | | | | Account name | | | | | | South African Medical Research Council | | | | | | | |
| Account number | | | | 3-9000-0383 | | | | | | | Branch code | | | | | 632005 | | | | |
| CANCELLATION POLICY | | | | | | | | | | | | | | | | | | | | |
| Any registration amendments and/or cancellations must be notified in writing to [cochranesa@mrc.ac.za](mailto:cochranesa@mrc.ac.za). Cancellations received before 3 March 2020 will be refunded in full less an administrative fee of 25% of the registration cost. As an alternative to cancelling your registration, you may transfer it to another person before 10 March 2020 without incurring any penalty. No shows or cancellations after 10 March 2020 will not be reimbursed. The payment of refunds will be processed 30 days after the last day of the symposium | | | | | | | | | | | | | | | | | | | | |
| PAYMENT DEADLINE | | | | | | | | | | | | | | | | | | | | |
| Registration fees must be paid by 3 March 2020. | | | | | | | | | | | | | | | | | | | | |

## For any queries, please email cochranesa@mrc.ac.za

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