

CAPE TEMPORAL BONE COURSE

REGISTRATION FORM 2012:

Please complete this form, and return it with proof of your payment, using one of the alternatives below:

YOUR DETAILS:

Surname:First name(s)
E-mail:
Tel. no.: Country code:..... City Code:..... No:.....
Fax no: Country code:..... City Code:..... No:.....
Postal address:
.....
.....
.....

PAYMENT DETAILS: (please circle the appropriate amount)

Registration Fee:	Consultants:	SA R 4880	UK £ 450	€ 500
	Registrars:	SA R 3650	UK £ 335	€ 375

Payment Method: University of Stellenbosch

NB: Payments MUST be referenced: "R1120 - ENT Course – your name"

Method of Payment:	Swift transfer (preferred from abroad)	قفا
	Bank Draft	قفا
	Internet Banking transfer (local only)	قفا
	Cheque (South African Rands)	قفا

Bank account details:

Account Name: University Stellenbosch	Account No: 073006955
Bank Name: Standard Bank	Branch Code: 050610
Bird Street	
STELLENBOSCH, 7600	
Nature of account: Cheque	
Swift address for overseas deposits: SBZAZAJJ	

Send form and proof of payment to:

Mrs Amanda Hugo:
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Fax: +27 21 938 9470
Mail: Dept of Otorhinolaryngology, Faculty of Health Sciences, P O Box 19063, Tygerberg, 7505.