

UIA PUBLIC HEALTH GROUP REGISTRATION FORM

Register online at <http://www.uia2014durban.org>



Please complete **one form per delegate** and forward to Turners Conferences: Email: gills@turnergroup.co.za, Fax No: 031 368 6623, Tel No: 031 368 8000

SECTION 1 – DELEGATE INFORMATION

Last Name/Family Name	First Name (for badge)	Title: Prof/Dr/Ms/Mrs./Mr.	Nationality

ACCOMPANYING PERSONS

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Tick as required: This is my:	Private Address	Institution Address	Please fill in the relevant details below
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Institution Name	
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Institution Vat Number	
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Department	
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Postal Address	
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City	State	Post/Zip Code
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Country	Phone	Mobile
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Email Address (Please Print)	Fax
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Special Dietary and Other Requests:

Dietary	Name	Request
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A – ACTIVITY FEES

Date	Activity	Cost per person	No. of People Attending	Amount in ZAR
03 Aug	Health Facility Visit: KwaZulu-Natal Research for TB & HIV	R 250.00		
06 Aug	Public Health Group Dinner: Ammazulu African Palace	R 653.00 <i>Beverages for your own account</i>		
30 Jul - 01 Aug	PHG Healthcare Facilities Cape Town Tour <i>Extras and Beverages for your own account</i>	R 3874.00 per single R2974.00 per person sharing		

Cape Town Tour: The Cape Town Tour is subject to Turners and their appointed tour operators' terms and conditions. Once confirmed, the tour will be subject to a cancellation fee if cancelled before 30th May 2014. No refunds will be made for cancellations received after 30th May 2014.

Cancellation fees: Refunds will be permitted for bookings cancelled within the following time periods, prior to departure:

More than 60days - Full refund less R228 administration fee per tour

Between 60days and 30days - Full tour price less 50%

Between 30days and 0days - No refund

An amendment fee of R228 applies to all changes made to confirmed reservations. The above conditions apply unless otherwise specified in writing.

TOTAL Registration Fees	ZAR
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PAYMENT DETAILS

Please enter X in the appropriate box										
Option 1 Bank Transfer		You must specify your name and PHG ACTIVITY on your bank transfer. Forward to: Account Name: Turners Conferences- UIA 2014 – Bank Name: First National Bank - Account No: 6232 8620 986 – Branch: Durban Main Branch . Branch Code: 221426 - Swift No.: FIRNZAJJ762 . (Please fax a copy of your transfer to Turners). Final date for Bank Transfer payments will be the 21st of July 2014 .								
Option 2 Credit Card		Please complete the following authorization for Congress Organisers to debit your credit card.								
I, the undersigned, do hereby authorize Turners Conferences to debit my credit Card for the following amount: (please fax a copy of the front and back of your credit card to Turners)										
Activity Fee							TOTAL	ZAR		
Credit Card Type X	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				