



HERE BE LUNGS
CONFERENCE 2019
07 & 08 March 2019 ▪ Spier Estate ▪ Stellenbosch

Registration Form ▪ 07 – 08 March 2019

Please complete and return **before 07 December 2018 (for early registration) & 12 February 2018 (for late registration).**

Hanri Lennox ▪ Here be Lungs ▪ P.O Box 19063 ▪ 7505 Tygerberg ▪ South Africa ▪ Email: hlennox@consultus.co.za ▪ Tel: +27-21-938-9629 ▪ Fax: +27-21-938-9855

Please use block letters.	Participant Title	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms
Initials & Surname			First name (for badge)		
Organisation					
Full Postal Address					
City		Country		ZIP Code	
Telephone Number			Fax number		
E-mail					
MP Number					

Registration Fee	EARLY - Up to 07 December 2018	LATE - After 07 December 2018 & up to 12 February 2019
Specialists	R4600	R5 000
Registrars	R1 700	R1 700
US Students / Red Cross	R1 700	R1 700
Day Registration	R2 500	R2 500
Indicate day		
<input type="checkbox"/> 07 March		
<input type="checkbox"/> 08 March		
Bronchoscopy Workshop 06 March	R2 500 - Workshop Registration & payment required by 01 December	

Meet & Greet	Delegates & Guests	No. of People Attending	Total
Thursday 07 March 2019	<ul style="list-style-type: none"> ▪ Delegates: included in registration fees ▪ Accompanying Person: R250-00 		

Please indicate any food preference eg: Halaal, Kosher, Vegetarian _____

Payment Details ~ Account Details for Electronic Funds Transfer (EFT)

Bank Name & Address: ABSA Bank Ltd, 21 McIntyre Road, Parow, 7500 | **S.A Swift Code:** ABSAZAJJ | **Branch code:** 632005
Account Name: Here Be Lungs Conference | **Account No:** 928 776 7852

I (above stated participant) herewith acknowledge that the information supplied is correct. Signature _____ Date _____