



+ CELEBRATING A DECADE +

3rd March 2021 {Workshop} & 4th - 5th March 2021 {Conference} • Radisson Blu Hotel • Waterfront • Cape Town

### Registration Form • 03 – 05 March 2021

Please complete and return **before Wednesday 20 January 2021 (for early registration fees)** & no later than **19 February 2021 (for late registration)** to:

**HANRI LENNOX** • Here be Lungs • P.O. Box 4335 • 7536 Tygervalley • South Africa • **Email:** hlennox@consultus.co.za • **Tel:** +27 (0)21 205 7382

<b>Please use block letters.</b>	<b>Participant Title</b>	<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			Mobile Number		
E-mail					
HPCSA Number					

<b>Registration Fee</b>	<b>EARLY - Up to 20 January 2021</b>	<b>LATE - Up to 19 February 2021</b>
Specialists	R5 000	R6 000
Radiographers	R1 600	R2 600
Nurses	R1 600	R2 600
Registrars	R2 100	R3 100
US Students / Red Cross	R2 100	R3 100
<input type="checkbox"/> <b>Bronchoscopy</b> Workshop 03 March	R2 900	R3 900
<input type="checkbox"/> <b>Ultrasound</b> Workshop 03 March	R2 900	R3 900
<input type="checkbox"/> <b>High Flow Oxygen</b> Workshop 03 March	R2 900	R3 900

<b>Welcome Function</b>	<b>Delegates &amp; Guests</b>	<b>No. of People Attending</b>	<b>Total</b>
<b>Thursday 04 March 2021</b>	<ul style="list-style-type: none"> <li>▪ Delegates: included in registration fees</li> <li>▪ Accompanying Person: R250-00</li> </ul>		

Please indicate any food preference eg: Halaal, Kosher, Vegetarian \_\_\_\_\_

<b>Place ✓ in appropriate box</b>	
<input type="checkbox"/> Cheque	<input type="checkbox"/> Funds Transfer

#### 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 \_\_\_\_\_