HEREbeLUNGS

CELEBRATING A DECADE

24th November 2021 {Workshop} & 25th & 26th November 2021 {Conference} ▪ Radisson Blu Hotel ▪ Waterfront ▪ Cape Town

Conference Registration Form

Please complete and return ***before 1st October 2021 (for early registration fees)*** & no later than ***1st November (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*

Please use block letters.	*Participant Title*	☐ Prof	☐ Dr	☐ Mr	☐ Ms
Initials & Surname		First Name (for badge)			
Organisation					
Full Postal Address					
City	Country		ZIP Code		
Telephone Number	Mobile Number				
E-mail					
HPCSA Number					

Registration Fee	***EARLY - Up to 1st October 2021***	***LATE - After 1st October 2021***
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
☐ **Bronchoscopy** Workshop 24 November	R2 900	R3 900
☐ **Ultrasound** Workshop 24 November	R2 900	R3 900
☐ **High Flow Oxygen** Workshop 24 November	R2 900	R3 900

Welcome Function	***Delegates & Guests***	***No. of People Attending***	***Total***
Thursday 24 November 2021	▪ Delegates: included in registration fees ▪ Accompanying Person: R250-00		

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

Place ✓ in appropriate box	
☐ **Cheque**	☐ **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* _____