



## DELEGATE REGISTRATION FORM

### Personal Details

Surname					Prof	Dr	Mr	Mrs	Ms
Name									
P O Box / Priv. Bag									
City / Town									
Country									
Tel Nr				Fax Nr					
e-mail				Mob Nr					
MAN Member	YES	NO	MEM Nr						
HPCNA Nr				HPCSA Nr					
NPPF Nr				NMS Nr					

### Registration Fee: 20 & 21 July 2018

MAN Members	N\$ 2 000.00	<i>per delegate</i>	
State Doctors (Non-Member) NPPF & NMS Members	N\$ 2 700.00	<i>per delegate</i>	
Private Doctors (Non-Member)	N\$ 3 900.00	<i>per delegate</i>	
Interns / Registered Nurses / Physiotherapists / Occupational Therapists / Paradmedics / Dieticians	N\$ 1 200.00	<i>per delegate</i>	

### Payment Method

e-Banking: Medical Association of Namibia  
Bank Windhoek, Main Branch: 48197200  
Account: 8005457858  
Swift Code: BWLINANX

Please fax Registration Form & Proof of Payment  
Fax Nr +264 61 22 4826  
e-mail [man.office@iway.na](mailto:man.office@iway.na)

SIGNATURE:

DATE: