



4th NOFSA IOF ISCD  
CONGRESS 2019  
7—9 June 2019  
The Protea Marriot Hotel, Stellenbosch



## REGISTRATION FORM

### PERSONAL DETAILS:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

HPCSA Number: \_\_\_\_\_ NOFSA Member: Yes \_\_\_\_\_ No \_\_\_\_\_

Postal Address: \_\_\_\_\_

Affiliation/Company: \_\_\_\_\_

Speciality (circle one)	Endocrinology	General Medicine	Rheumatology
	Gynaecology	Radiology	Orthopaedics
	Family Practice	Geriatrics	Paediatrics

Attending Cocktail: Yes \_\_\_\_\_ No \_\_\_\_\_ Food allergies/special instructions \_\_\_\_\_

*Cancellations must be received in writing no later than 24 May 2019.  
No refunds on registration fees will be made after this date.*

### REGISTRATION FEES:

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<b>Clinician/Scientist</b>	R4 500
<b>DXA-Technologist</b>	R3 500
<b>Day Registrations</b>	R1 800
<b>Registrars and other allied healthcare professionals</b>	R2 500
<b>Trade Delegates: CAB Member</b>	R3 000
<b>Non-CAB Member</b>	R4 000

### REGISTRATION INCLUDES:

Attendance of scientific sessions  
Lunches at congress venue  
Teas / coffees / refreshments  
Registration bags and programmes  
Social functions

### PAYMENT DETAILS:

Method: Electronic or cash deposit  
Acc. Name: National Osteoporosis Foundation  
Bank: ABSA  
Acc. Number: 9119792397  
Branch code: 632005  
Reference: Congress & your surname.

Please send proof of payment to [finance@osteoporosis.org.za](mailto:finance@osteoporosis.org.za) or fax to (021) 976 4999.