 **CME UNIT**

 **P O Box 54, Medunsa, 0204**

 **Tel: (012) 521 3276/4488/4627, Fax: (012) 521-5810**

 **Email:** **christina.mokoena@smu.ac.za**

**tiisetso.tau@smu.ac.za**

**tebogo.kgomari@smu.ac.za**

**GREAT NEWS: EARLY REGISTRATION EXTENTED TO 31 JULY 2015!!!**

Dear Friend

**REFRESHER COURSE FOR GENERAL PRACTITIONERS AND HEALTH WORKERS 25 – 27 SEPTEMBER 2015 : CSIR CONFERENCE CENTRE**

It is approximately 2 months before the conference starts. I hope you have already registered to avoid disappointment. If you know of someone who can benefit from this course, kindly share this letter with him/her, or phone us with the relevant contact details, and we will gladly forward the information to him/her. Let more people be part of this big family reunion annually!

We accept **early registrations** **until 31th July 2015**. The registration fees are

**REGISTRATION FEES:**

**Early Registration Fee: R2600.00 per person for 3 days BEFORE 31 JULY 2015**

**Late Registration Fee : R3000.00 per person for 3 days AFTER 31 JULY 2015**

**Early Registration for 1 day only : R1300.00 per person BEFORE 31 JULY 2015**

**Late Registration for 1 day only : R1600 .00 per person AFTER 31 JULY 2015**

**Maximum CPD points are 30 for the 3-days full attendance**.

For your convenience we enclose another registration form and the preliminary programme. Kindly fax the registration form, together with your bank deposit slip/electronic transfer form, to the above fax number**.**

**NO HOSPITAL ORDERS WILL BE ACCEPTED.** No new registrations or any payments will be accepted at the registration counter on any day of the conference**.**

**PLEASE PRINT THE DOCTOR’S SURNAME AND INITIALS AND NOT THE PERSON WHO DOES THE DEPOSIT PLEASE!!!** Without the doctor’s surname and initials, we are unable to reconcile the deposits. The bank account belongs to Sefako Makhatho Health Sciences University and not to our department and therefore we need to prove that the money is due to our departmental account. We really rely on your co-operation to streamline our registration processes.

***Example*:**

Deposit to: *Sefako Makgatho Health Sciences University*

Account Nr: *Standard Bank: 070754128*

Branch : *20909*

Depositor’s name or reference: *A006 Refresh* : *Dr B L Kgomotso*

**REGISTRATION**: **ONLY ELECTRONIC PAYMENT AND BANK DEPOSIT SLIPS**  will be accepted. Bank details:

|  |
| --- |
| **DEPOSIT TO: SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY****ACCOUNT NO: STANDARD BANK: 070754128****BRANCH CODE : 20909****DEPOSIT REF: A006 AND YOUR INITIALS AND SURNAME AND M.P/ D.P. NUMBER** |

**PLEASE FAX A CLEAR COPY OF THE BANK DEPOSIT SLIP TO THE ABOVE FAX NUMBER**. **THE PRINCIPLE OF “NO FAX RECEIVED, NO PAYMENT RECEIVED” APPLIES**

**ACCOMMODATION:** For your convenience we have the following possibilities for you: City Lodge, Lynnwood (1 km away) (012) 471 0300, Hotel 224 (012) 440-5281; Courtyard (012) 342-4940; Town Lodge Menlo Park (012) 348-2711Casa Toscana (012) 348-8820; Hatfield Garden Court (012) 432 9600; Rosslie’s Guest House (012) 361 2330; Arcadia Hotel (012) 326-9311.

If you have any questions, kindly contact Ms Christina Matemane/Ms Tiisetso Tau at any of the above contact numbers. We will gladly assist you. We are looking forward to seeing you again this year! God Bless you!

Sincerely yours



PROF P S MNTLA / MS CHRISTINAH MOKOENA

**CHAIRPERSON AND CONFERENCE CO-ORDINATOR**

**REFRESHER COURSE FOR HEALTH WORKERS**

 **25 – 27 SEPTEMBER 2015**

**ONLY UNTIL 31TH JULY 2015**

**EARLY BIRD REGISTRATION : R2600.00**

|  |
| --- |
| **VENUE: CSIR CONFERENCE CENTRE** |

**PLEASE PRINT**

**Prof/Dr/Mr/Ms : (Surname**) ................................................................... **Initials**: ............ ......

**MP/DP Number:**................................. **E-mail address** ............................................................

**Postal address**: .............................................................................................................................................................

...............................................................................................................................................................................................

................................................................................................................................................................................................

**Postal Code:** ................................... **Phone/Cell:** .................................................... **Fax:** ..................................................

**Are you on our Mailing List? NO YES**

**REGISTRATION**

**Early Registration Fee: R2600.00 per person for 3 days BEFORE 31 JULY**

**Late Registration Fee : R3000.00 per person for 3 days AFTER 31 JULY – 30 AUGUST**

**Early Registration for 1 day only : R1300.00 per person BEFORE 31 JULY**

**Late Registration for 1 day only : R1600.00 per person AFTER 31 JULY -30 AUGUST**

**DIET REQUEST** (if any) **HALAAL** **VEGETARIAN**

**Please note: For “ Strict Halaal packaging” a fee of R300 per day is payable upfront**.

**DEPOSIT TO: SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY**

**ACCOUNT NO: 070754128**

**BRANCH CODE : 20909**

**DEPOSIT REF: A006 AND DOCTOR’S INITIALS AND SURNAME**.

**ELECTRONIC TRANSFER** / **BANK DEPOSIT**: **PLEASE FAX COPY OF E-TRANSFER/BANK DEPOSIT SLIP WITH REGISTRATION FORM**

**CHRISTINAH MOKOENA: TEL: (012) 521 3276/FAX (012) 521 5810**

**TIISETSO TAU/TEBOGO KGOMARI: TEL: (012) 521-4627/4488; FAX: (012) 521-5810**