

SASOG 2010

34th National Congress of the South African Society of
Obstetricians & Gynaecologists



PRE-CONGRESS WORKSHOPS

31 October 2010

Please complete the following and return with your credit card details or proof of payment to the Congress Secretariat on fax: (011) 768 1174 / (011) 768 6750 or register on-line www.sasog.co.za

Title: Initials: First Name for Badge:

Surname: HPCSA No:

Tel no: Fax no:

Cell no: E-mail:

Postal address :

**PRE-CONGRESS WORKSHOPS WILL BE HELD AT SUN CITY ON
SUNDAY 31 OCTOBER FROM 11H00 - 13H30 AND REPEATED FROM 14H00 - 16H30
(LUNCH WILL BE INCLUDED)**

Please indicate which workshop you want to register for:

AM
SUNDAY 31 OCTOBER 2010

PM
SUNDAY 31 OCTOBER 2010

11h00 - 16h00

Urogynaecology

11h00 - 13h30

- Obstetrical Ultrasound
- Medical Protection Society
- Colposcopy
- Laparoscopy
- Obstetric Medicine
- CTG Workshop

11h00 - 13h30

- Obstetrical Ultrasound
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SASOG MEMBER	NON SASOG MEMBER	REGISTRARS / NURSES	GP'S / OTHER
REGISTRATION FEE FOR UROGYNAECOLOGY WORKSHOP (FULL DAY)			
<input type="checkbox"/> R 1,500	<input type="checkbox"/> R 1,700	<input type="checkbox"/> R 550	<input type="checkbox"/> R 650
REGISTRATION FEE FOR ONE WORKSHOP ONLY (IN ANY CATEGORY)			
<input type="checkbox"/> R 1,000	<input type="checkbox"/> R 1,200	<input type="checkbox"/> R 550	<input type="checkbox"/> R 650
REGISTRATION FEE FOR TWO WORKSHOPS (IN ANY CATEGORY)			
<input type="checkbox"/> R 1,500	<input type="checkbox"/> R 1,700	<input type="checkbox"/> R 950	<input type="checkbox"/> R 1,150

TOTAL FOR WORKSHOPS: R _____

FOR PAYMENT BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING

Name of Cardholder: Type of card (Master or Visa) Exp date:

Card no: Last 3 digits on the back: Signature of cardholder:

FOR PAYMENT BY ELECTRONIC TRANSFER / BANK DEPOSIT:

• Name of account: Gauteng North SASOG
• Account no: 1631046926

• Bank: Nedbank
• Account type: Current account

• Branch: Brooklyn Branch code: 163145