

CONTINUING NUTRITION EDUCATION: DIETICIANS, 2019

REGISTRATION FORM

Title: \_\_\_\_\_ First names: \_\_\_\_\_ Surname: \_\_\_\_\_

Organisation: \_\_\_\_\_ Registration number (HPCSA): \_\_\_\_\_

Postal address: \_\_\_\_\_ Code: \_\_\_\_\_

Tel (w): \_\_\_\_\_ Tel (h): \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about the programme?

Attend annually  E-mail  Word of mouth  Website

**PLEASE ENSURE THAT YOU INDICATE THE CORRECT REGISTRATION CATEGORY.  
NO REFUNDS WILL BE ISSUED FOR INCORRECT CATEGORY SELECTION AND PAYMENTS.**

OPTION	2019 REGISTRATION FEE if payment is received before 29 March 2019	2019 REGISTRATION FEE if payment is received after 29 March 2019
<b>Option A</b> Day 1 (30 May 2019)	R1 100	R1 300
<b>Option A</b> Day 2 (31 May 2019)	R1 100	R1 300
<b>Option A</b> Full programme (30 - 31 May 2019)	R1 950	R2 150
<b>Option B</b>	R1 950	R2 150
<b>Option C</b>	R1 100	R1 300
<b>Option A and C</b>	R3 050	R3 450
<b>Option B and C</b>	R3 050	R3 450

**OPTION A Full programme:** Please indicate which of the Case options you would like to attend (You will not necessarily get your first choice when being divided into the groups)

- Case 1:** Nutrition in the Critically ill  
 **Case 2:** Nutritional management of a severely malnourished child  
 **Case 3:** Nutritional challenges in a patient with Diabetes Mellitus

Special dietary requirements (if you have registered for Option A): Halaal  Vegetarian  Kosher  Diabetic

**NOTE**

- Please make use of the reduced registration fee option and register and pay before 29 March 2019.**
- Registration fees for Option A will only be accepted until 9 May 2019.**
- Cancellations made before or on 29 March 2019 qualify for a 50% refund of the registration fee. No monies will be refunded for cancellations after this date.**

**PAYMENTS**

- A secure online registration facility is available on the website at <http://www.cneupdate.co.za>
- Direct payments:**  
Account name: CNE Update | Bank: Absa, Parow | Branch code: 632005 | Account number: 923 2293 917 (Savings account)
- Please quote your name and surname or DT number on the deposit slip.  
A copy of the deposit slip MUST be faxed or emailed to **HANRI LENNOX** on **021 938 9855** or email [hlennox@consultus.co.za](mailto:hlennox@consultus.co.za)

Please indicate your method of payment EFT  Credit Card Payment

Name of card holder: \_\_\_\_\_

Type of Card: Visa  Master

Card number: \_\_\_\_\_

CCV number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_