

37 Bath Avenue  
Rosebank 2196  
P O Box 2324  
Parklands 2121  
Johannesburg  
South Africa  
Tel: +27 11 537-0200  
Fax: +27 11 880-8798  
*e-mail:*  
bhf@bhfglobal.com  
*Client Services:*  
0861 30 20 10

# BHF Southern African Conference 2010

## 22 – 25 August

### *Registration Form*

Please print in block capitals and indicate the appropriate blocks with an 'X'. Complete the entire registration form and return it with your payment/proof of payment to **Zola Mtshiya** at BHF on fax no: **086 607 3627**, by post to BHF, PO Box 2324, Parklands, 2121 or by email to [zolam@bhfglobal.com](mailto:zolam@bhfglobal.com)

### Delegate Details

BHF Member  Non-Member

Title \_\_\_\_\_ Initials \_\_\_\_\_ Surname \_\_\_\_\_

First Name \_\_\_\_\_

Organisation \_\_\_\_\_

Company VAT No \_\_\_\_\_

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

Tel (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ Email (\_\_\_\_\_) \_\_\_\_\_



**B·H·F**  
www.bhfglobal.com

### Dietary Requirements

Halaal  Kosher  Vegetarian

### Payment

#### Invoicing

Please indicate below the name of the organisation and the contact person which should appear on the invoice.

Contact Person \_\_\_\_\_

Organisation to be Invoiced \_\_\_\_\_

Company VAT No \_\_\_\_\_

Tel. No \_\_\_\_\_ Fax No \_\_\_\_\_

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

## Partner Package

This fee includes attendance to the Opening Ceremony on **Sunday 22 August 2010**, and the Gala Banquet on **Tuesday 24 August 2010**.

### Partner Details

Title \_\_\_\_\_ Initials \_\_\_\_\_ Surname \_\_\_\_\_

First Name \_\_\_\_\_

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

Tel (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Email (\_\_\_\_) \_\_\_\_\_

## The BHF/MHG Golf Challenge 2010

The BHF/MHG Golf Challenge will take place on **Sunday 22 August 2010** at the Gary Player Golf Course. Please indicate your participation in this event.

Yes, I would like to participate in the BHF Golf Challenge

No, I will not be participating in the BHF Golf Challenge

Please note that your conference number is required when completing the golf registration form.

For further assistance regarding the golf challenge please contact **Michelle Harley** from **Fleet Street Communications** on **021 448 8651** or cell. **071 869 0628** or via e-mail: **michelle@fleetst.co.za**.



## Accommodation

BHF has negotiated special rates for the BHF Conference delegates at the various hotels at Sun City. Please find attached, the accommodation reservation forms, or alternatively [click here to download the booking form](#).

## Travel Arrangements

A BHF conference shuttle will be available from OR Tambo International Airport to Sun City on Saturday 21 and Sunday 22 August, and from Sun City to OR Tambo International on Wednesday 25 August 2010.

Please note that there is no cost for this service but space is limited and therefore booking is essential.

Saturday 21 August 2010:	14:00	<input type="checkbox"/>
	15:00	<input type="checkbox"/>
	16:00	<input type="checkbox"/>

**BOARD of  
HEALTHCARE  
FUNDERS  
of SOUTHERN AFRICA**

(Association Incorporated  
under Section 21  
Registration number  
2001/003387/08)

37 Bath Avenue  
Rosebank 2196  
P O Box 2324  
Parklands 2121  
Johannesburg  
South Africa

Tel: +27 11 537-0200

Fax: +27 11 880-8798

*e-mail:*

bhf@bhfglobal.com

*Client Services:*

0861 30 20 10

Sunday 22 August 2010:	11:00	<input type="checkbox"/>
	12:00	<input type="checkbox"/>
	13:00	<input type="checkbox"/>
	14:00	<input type="checkbox"/>
Wednesday 25 August 2010:	12:00	<input type="checkbox"/>
	13:00	<input type="checkbox"/>
	14:00	<input type="checkbox"/>
	15:00	<input type="checkbox"/>

*Please mark the box next to the day and time you would like to use the shuttle, if any.*

## Conference Registration Fees

Delegate member	-	<b>R5 000.00</b>	(incl. VAT)
Delegate non-member	-	<b>R5 700.00</b>	(incl. VAT)
Partners	-	<b>R 890.00</b>	(incl. VAT)

*When 8 or more delegates are registered by one company a group discount will apply.  
For more information on the discount call Zola Mtshiya on (011) 5370236.*

## Method of Payment

### Direct Deposit

The amount of R \_\_\_\_\_ has been deposited into the BHF account.

Please fax the deposit slip to **Zola Mtshiya** at BHF on **086 607 3627**.

*NB. In order to cross-reference the payment, you are kindly requested to ensure that the name of your organisation is included as a reference on the deposit slip.*

### Banking Details

Account Name : Board of Healthcare Funders  
Bank : Nedbank  
Branch : The Mall Rosebank  
Branch Code : 197705  
Acc. Number : 1958449059

### By Credit Card

Charge my:  Visa  Master  Diners

To the amount of R \_\_\_\_\_ Card no \_\_\_\_\_

Expiry date \_\_\_\_\_/\_\_\_\_\_ Last 3 digits on back of card \_\_\_\_\_

Initials and surname of cardholder \_\_\_\_\_

ID of cardholder \_\_\_\_\_



**BOARD of  
HEALTHCARE  
FUNDERS  
of SOUTHERN AFRICA**

(Association Incorporated  
under Section 21  
Registration number  
2001/003387/08)

37 Bath Avenue  
Rosebank 2196  
P O Box 2324  
Parklands 2121  
Johannesburg  
South Africa  
Tel: +27 11 537-0200  
Fax: +27 11 880-8798  
*e-mail:*  
bhf@bhfglobal.com  
*Client Services:*  
0861 30 20 10

Signature of cardholder \_\_\_\_\_ Date \_\_\_\_\_

### By Cheque

I enclose my cheque for the amount of R \_\_\_\_\_ made out to the Board of Healthcare Funders.

## Terms & Conditions

- Full payment of registration fees are required to confirm registration.
- Delegates are responsible for their own accommodation and travel arrangements.

## Cancellation

Cancellation will only be considered if written notice is received eight working days prior to the conference. If notification is not received within this time period and confirmed by this office, you will be liable for the full registration fee.

**I HAVE READ AND UNDERSTAND THE TERMS & CONDITIONS AND CANCELLATION AND RESPONSIBILITY CLAUSES, AS INDICATED ABOVE.**

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_



**B·H·F**  
www.bhfglobal.com