

BHF Southern African Conference 2009

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 Garth Foxon at BHF on fax no: 086 602 0919, by post to BHF, PO Box 2324, Parklands, 2121 or by email to garthf@bhfglobal.com.

Delegate Details

BHF Member Non-Member

Title _____ Initials _____ Surname _____

First Name _____

Organisation _____

Company VAT No _____

Postal Address _____

Tel (_____) _____ Fax (_____) _____

Cell (_____) _____ Email (_____) _____

Dietary Requirements

Halaal Kosher Vegetarian Other (specify)

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 _____

DIRECTORS

Executive

ZH Zokufa (Managing)

Non-Executive

TEG Borrill (Chairman)

B Brooks (Deputy Chairman)

MT Chaora (Zimbabwe)

LM Deacon BM Dick

MA du Bois

KA Ebineng (Botswana)

BL Khan SR Maasch

GU Mbapaha (Namibia)

CM Mini B Nkosi

N Parker M Ramokgopa

AO Rijnen MCT Schultz

TJ van den Bergh

SW van der Merwe

EW Vermaak AD Young

Company VAT No _____

Tel. No _____ Fax No _____

Postal Address _____

Email _____

Partner Package

This fee includes attendance to the Opening Ceremony on Sunday 30 August 2009, the Gala Banquet on Tuesday 1 September 2009 and a conference gift bag.

Partner Details

Title _____ Initials _____ Surname _____

First Name _____

Postal Address _____

Tel (_____) _____ Fax (_____) _____

Cell (_____) _____ Email (_____) _____

The BHF/MHG/Qualsa Golf Challenge 2009

The BHF/MHG/Qualsa Golf Challenge will take place on **Sunday 30 August 2009** 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 find attached the Golf Circular and entry form or alternatively log on to <http://conference.bhfglobal.com/content/bhf-golf-challenge>.

For further information regarding this event, please contact Mike Schultz on 076 838 6620 or email: rdutoit@lahealth.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 log on to <http://conference.bhfglobal.com/content/accommodation>

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SW van der Merwe

EW Vermaak AD Young

Travel Arrangements

A BHF conference shuttle will be available from OR Tambo International Airport to Sun City on Saturday 29 and Sunday 30 August, and from Sun City to OR Tambo International on Wednesday 2 September.

Saturday 29 August 2009:	15:00	<input type="checkbox"/>
Sunday 30 August 2009:	12:00	<input type="checkbox"/>
	14:00	<input type="checkbox"/>
Wednesday 2 September 2009:	14:30	<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	-	R4 750.00 (incl VAT)
Delegate non-member	-	R5 400.00 (incl VAT)
Partners	-	R 720.00 (incl VAT)

Please note that group discounts apply.

For more information call Garth Foxon on (011) 537 0267.

Method of Payment

Direct Deposit

The amount of R_____ has been deposited into the BHF account.

Please fax the deposit slip to Garth Foxon at BHF on 086 602 0919.

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.

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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 Amex 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 _____

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 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.

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TJ van den Bergh

SW van der Merwe

EW Vermaak AD Young

SIGNATURE _____

NAME _____ DATE _____