MINE
MEDICAL
PROFESSIONALS'
ASSOCIATION

Long Covid-19 Impact & Fitness

For further information please contact:
Mbale Buthelezi
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REGISTRATION FORM

PERSONAL DETAILS

Title . . . . . First Name. . . . . Other Initials . . . . . Membership no. . . . . .

Surname/Family Name. . . . . .

Company/ Mine . . . . . Division. . . . . Designation. . . . . .

Tel/Cell . . . . . Fax . . . . . E-mail . . . . . .

INVOICING DETAILS

Company VAT Registration No . . . . . Purchase Order No . . . . . .

Invoice Address . . . . . .

. . . . . Code . . . . . Accounts Contact Person. . . . . .

Accounts Tel . . . . . Accounts E-mail . . . . . .

REGISTRATION COST

Mining House(unlimited) R 5000-00 (EXCL VAT)

Individual Price R 500-00 (EXCL VAT)

Total-R

Cancellation and transfer policy:
Persons unable to attend the event may send a substitute in their place. Written details of substitution must be made. Written cancellations must be received more than 5 working days prior to the date of the event. Failure to cancel, or cancellation received 5 working days or less prior to the event date, will result in liability for 100% of the registration fee.

Payment:
Full payment is due on application of registration. Registration will be confirmed ONLY after payment is received. PROOF OF PAYMENT with your invoice number reflected must be sent via fax or e-mail.

Signature: ..... Date: .....

PAYMENT

Credit Cards—Please debit my:

VISA Master American Express Diners Club

Card No.

CVV (last 3 digits on the back of the card)

Expiry Date: ..... Signature: .....

Please print name of cardholder: .....

BANK ACCOUNT DETAILS

Account Name: Mine Medical Professionals Association
Bank: First National Bank
Branch: Main Street
Branch Code: 251705
Account No: 62183355570
Account Type: Cheque Account
Swift Code: FIRNZAJJ
VAT No: 4460124193