



DALMOR

MEDICAL ADMINISTRATION TRAINING INSTITUTE
A DIVISION OF DALY MORGAN & ASSOCIATES

COURSE NAME: TARIFF AND PMB DIAGNOSTIC WORKSHOP

DATE OF ATTENDANCE (please tick the appropriate box below):

Nephrology and Physicians:

1st March – Johannesburg

Urology:

18th February - Johannesburg

27th February - Johannesburg

7th March – Johannesburg

Neurology:

20th February - Johannesburg

8th March - Johannesburg

13th March – Johannesburg

General Practitioners:

4th March - Johannesburg

19th March - Johannesburg

23rd April – Johannesburg

Gynaecology:

11th March - Johannesburg

8th April - Johannesburg

15th April – Johannesburg

Surgeon and Plastic Surgeon:

- 27th March - Johannesburg
- 2nd April - Pretoria
- 26th April - Johannesburg

Session Time: 9:00am – 3pm

COURSE FEES: R 3500 per person ex VAT

TOTAL NUMBER OF DELEGATES ATTENDING:

1. DELEGATE DETAILS

First Name and Surname (as to appear on certificate): _____

Company Position: _____

Email: _____

Contact number: (w) _____ (c) _____

Dietary Requirements: Please select one of the following if applicable

- Halaal
- Vegetarian
- Diabetic

2. COMPANY / ORGANISATION DETAILS

Practice Name: _____

Practice number: _____ Discipline: _____

Postal Address: _____

_____ Postal Code: _____

VAT Reg number: _____

3. DETAILS

Upon completion of the booking form, a quotation will be sent through with our banking details.

An invoice will be issued upon receipt of payment in full.

PLEASE NOTE: No bookings will be accepted without a signed booking form.

CANCELLATIONS OF TRAINING

Cancellations must be made at least 5 (five) days before training date.

DALMOR reserves the right to postpone a learning activity should the number of students not justify the costs involved. Registered attendees will be given reasonable notice of postponement of the course to a future date. No refunds will be given once the course fee has been paid, but you will be accommodated at a future course date.

I ACKNOWLEDGE THE TERMS AND CONDITIONS

Submission of this booking form constitutes acceptance of our terms and conditions, and also serves as confirmation of your authority to make the booking and ensure payment on behalf of your practice.

ALL COMPLETED FORMS ARE TO BE RETURNED TO DALMOR MEDICAL ADMINISTRATION TRAINING INSTITUTE VIA EMAIL: info@dalmor.co.za

Signed by (Name and Surname): _____ on _____

Signature: _____