



# Centre for Diabetes and Endocrinology (Pty) Ltd \*

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 (Course Co-ordinators):  
 Website: [www.cdecentre.co.za](http://www.cdecentre.co.za)  
 2198, South Africa

## The CDE Five Day Advanced Course In Diabetes Care for Health Professionals

CDE Central Office, Houghton, Johannesburg

Application Form 2010 ~ One Form Per Person (Must be completed by applicant!)

Surname \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Title (Tick)  Prof.  Dr.  Mr.  Sr.  Ms.  Miss.  Mrs.

CDE Branch / Company \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code \_\_\_\_\_

Contact Details:  
 Telephone ( ) \_\_\_\_\_  
 Fax ( ) \_\_\_\_\_  
 Cell ( ) \_\_\_\_\_  
 E-mail \_\_\_\_\_

Profession (Tick one) HPCSA / SANC Reg. No. (If Applicable): \_\_\_\_\_  
 General Practitioner†  Medical Specialist†  Registered Nurse\*  Pharmacist\*  
 Dietitian\*  Podiatrist\*  Biokineticist\*  Clinical Psychologist\*  
 Not Listed: \_\_\_\_\_

(Have you completed all fields? Please Check ALL Details Supplied)

Dietary Preferences  Kosher  Halaal  Vegetarian  Other: \_\_\_\_\_  
 (Tick & Supply Details if Needed)  Allergies: \_\_\_\_\_

### Dates 2010 (N.B. Provisional until confirmed). Places are Limited to 30

Book me on the following Advanced Course (Please Tick):

08-12 March  19-23 April  17-21 May  
 16-20 August  11-15 October  08-12 November

\* = Allied Medical Practitioners (Nurses, Dieticians, Podiatrists etc.)  
† = Medical Practitioners (Doctors)

All prices quoted in SA Rand & include VAT **Payment Details** (Please Tick ONE) VAT Reg. No. 4900141757

<input type="checkbox"/> Advanced Course Cost (Medical Practitioners †):	R	5,200.00
<input type="checkbox"/> - Early Bird Price (IF you† Book AND Pay 30 days before Course):	R	4,800.00
<input type="checkbox"/> Advanced Course Cost (Allied Medical Practitioners *):	R	4,600.00
<input type="checkbox"/> - Early Bird Price (IF you* Book AND Pay 30 days before Course):	R	4,200.00

**Total Due:** (Invoice to:  Delegate  CDE Branch  Company) **R**

### Payment Method (Please Tick ONE)

Capitation Fee Deduction (CDE Branches Only) Branch: \_\_\_\_\_  
 Direct Deposit: Standard Bank, Account Name: CDE, Branch No. 004805, Acc. No. 002369257  
 Credit Card: I hereby request and authorise CDE to debit my (Tick):

Card No: \_\_\_\_\_ Expiry Date (mm/yy) \_\_\_\_\_  
 (Have you completed all fields? Please Check ALL Details Supplied)  
 Security Number (Last 3 digits on the back of your card): \_\_\_\_\_

With R \_\_\_\_\_ only. Signature of Cardholder: \_\_\_\_\_

### Please Note

- Fill-in all details on computer & print. Need a Tax Invoice? Please indicate to whom it must be made out.
- Have you checked & signed your completed form? Forms not completed to the last detail will be rejected.
- Fax Completed applications to 086 607-9355 with applicable payment authorisation or proof of deposit

### Terms and Conditions

- Advanced Course fees are charged per person & are inclusive of VAT, pre-course readings, a manual of speaker notes, lunches, teas & parking.
- All costs additional to those covered by the Course fee/s totalled above, are for the account of the signatory of this form (e.g. flights, accommodation, transport etc.). Applicants must arrange their own accommodation & costs thereof are not included in the Course fee/s.
- A list of nearby Hotels and Guest Houses is supplied with this application form
- To secure a place in the Course of your choice & to qualify for the "Early Bird" pricing, your application, together with full payment, must be received at least 30 days prior to the commencement of any Course.
- Participation in the Course is subject to telephonic or e-mail confirmation that we have received your form.
- Your place will only be confirmed once full payment has been received.
- All cancellations must be sent by signed facsimile to 086 607-93 55:
  - An Administration fee of 10% of the total paid will be levied for all cancellations 7-14 days prior to the commencement of a Course.
  - No refunds or credits will be given to delegates who cancel within 7 days of any Course commencing.
- This signed and completed application form constitutes a binding agreement

By my signature below, I hereby acknowledge that I have read, understood & accepted all the terms and conditions of this application. I authorise CDE to deduct the total due from my Branch Capitation fee if this option is ticked above.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_