



CONGRESS REGISTRATION FORM 2017

NAMIBIA MEDICAL SOCIETY

Particulars of participant

Title:	
Name:	
Surname:	
Institution:	
Mobile No:	
HPCNA No:	

Registration fee

(i) **Doctors (Early Bird)**

cross the appropriate box(X)

- | | | | | |
|----------------------------------|----------|--------------------------|----------------|--------------------------|
| (i) NMS Members: | N\$ 1200 | <input type="checkbox"/> | Nurses N\$ 700 | <input type="checkbox"/> |
| (ii) Non-NMS Members: | N\$ 1600 | <input type="checkbox"/> | | |
| (iii) Other Health Professionals | N\$ 950 | <input type="checkbox"/> | | |
| (iv) Students | N\$ 50 | <input type="checkbox"/> | | |

(b) **Doctors (late Reg.)**

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|--------------------------------|----------|--------------------------|----------------|--------------------------|
| (v) NMS Members: | N\$ 1800 | <input type="checkbox"/> | Nurses N\$ 800 | <input type="checkbox"/> |
| (vi) Non- NMS Members | N\$2000 | <input type="checkbox"/> | | |
| (c) Other Health Professionals | N\$ 1200 | <input type="checkbox"/> | | |
| Students | N\$ 100 | <input type="checkbox"/> | | |

Methods of payment

Cash Bank Transfer Cheque

Bank Details

(Please send notification after):

FNB Exclusive Banking Suite: (Code: 28017)

ACC NO: **62210921327**

SIGNATURE _____ **DATE** _____