



CAPE MEDICAL CONFERENCES

REGISTRATION FORM

Name _____

Surname _____

Postal Address _____

E-mail _____

Telephone No. _____ Fax No. _____

CME

Conference
December 13 - 14, 2006

Fee:
\$550

Deadline:
September 30, 2006



ACCOMMODATION

Rooms have been reserved at the Vineyard Hotel, Newlands, Cape Town. Please quote "Cape Medical Conferences" at the time of booking (early booking is recommended.)

Contact Nicky Woodhall +2721-6574512; nicky@vineyard.co.za



TRAVEL

To discuss your travel arrangements

Contact Lana at Sundog Travel 306-645-2700; sundog.travel@sasktel.net



SOCIAL PROGRAM

Game reserve and day tours to Robben Island, Table Mountain, Cape Point, Kirstenbosch, the Winelands can all be arranged at competitive conference rates.

Contact Lisa Kirsch at capemedconf@yahoo.ca for details.

PLEASE NOTE: PAYMENT MUST ACCOMPANY REGISTRATION IN ORDER TO BE PROCESSED.

MAIL TO:

CAPE MEDICAL CONFERENCES, BOX 1786, MOOSOMIN, SASKATCHEWAN, CANADA, S0G 3N0

FAX TO: 306-435-2373

Cheque payable to: Cape Medical Conferences

Please charge my Visa MasterCard for \$ _____

Account No. _____

Expiry date _____ Authorized signature _____