



## ANNUAL WORKSHOP ON ADVANCED CLINICAL CARE - AIDS

---

### Manual Registration

In order for registration to be confirmed, please attach payment confirmation and submit online or send by fax to 0866512921 or scanned and emailed to [register@awacc.org](mailto:register@awacc.org).

### Registration Fee

R4500

### Banking Details:

Bank: Standard Bank

Name of the Business Account: Medicate-Aids

Account Number: 303335106

Branch Code: 043826

Branch: Overport City

Reference: Surname, SA ID Number or foreign passport number

Accommodation may be booked with the Elangeni Hotel at preferred rates.

First Name : \_\_\_\_\_

Last Name : \_\_\_\_\_

ID Number : \_\_\_\_\_

Passport Number : \_\_\_\_\_

Organisation : \_\_\_\_\_

Profession : \_\_\_\_\_

Mobile : \_\_\_\_\_

Email : \_\_\_\_\_

Country : \_\_\_\_\_

HPCSA Number : \_\_\_\_\_

Nursing Council Number : \_\_\_\_\_

COVID 19 Vaccinated (Yes/No) : \_\_\_\_\_