



28 - 30 October 2026

18th ANNUAL WORKSHOP ON ADVANCED CLINICAL CARE - AIDS

AWACC 2026 Group Registration Form

Organisation Name: _____

	Title	Name and Surname	Email Address	Cell Number	HPCSA No. (if applicable)
1.					
2.					
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To finalise your registration, please make an EFT payment of **R6,000 per delegate** by **August 31, 2026**, to take advantage of our early bird offer. After this date, the fee will be **R6,500 per delegate**.

Make your payment to the following bank account:

STANDARD BANK

Account Holder: MEDICATE-AIDS NPC

Account Number: 30 333 510 6

Branch: Overport City

Branch Code: 3826

SWIFT Code: SBZAZAJJ

Please use your **organisation's name as the reference** when making the payment. Email your proof of payment to admin@awacc.org.

If you require an invoice, please email your request to admin@awacc.org

Note: Your registration will be confirmed only upon receipt of your proof of payment.