

USANA 2019 CONFERENCE



REGISTRATION FORM

Please complete and return with your proof of payment **BEFORE 29 June 2019 (Early) or 21 August 2019 (Late) to:**
Hanri Lennox, TEL: +27-21-938 9629 E-MAIL: hlennox@consultus.co.za

Please write in clear capital letters. Where applicable, place a cross in the appropriate block.

Title Prof Dr Mr Ms

Surname _____

First name _____

Accompanying person _____

(Accompanying persons may not attend lectures.)

(Accompanying persons may only attend social functions if indicated below.)

POSTAL ADDRESS

Organisation _____

Address _____

City & Country _____ ZIP/Postal code _____

Telephone Number _____ MP Number _____

E-mail _____

USANA Member nr _____

REGISTRATION FEES	Early discounted fee if registration & payment is received by 29 June 2019	Late fee if registration & payment is received after 29 June 2019 but before 21 August 2019
Full Conference USANA Members	R5 500.00	R6 500.00
Full Conference NON Members	R7 000.00	R8 000.00
Registrars	R4 000.00	R5 000.00
Nurses	R4 000.00	R5 000.00
Conference Day Registration	R2 500.00 per day	R2 800.00 per day
Indicate Day Attendance	Fri 13 Sept <input type="checkbox"/>	Sat 14 Sept <input type="checkbox"/> Sun 15 Sept <input type="checkbox"/>

SUBTOTAL (A): R _____

Indicate Meal Preference: (All meals are Halaal friendly)

SOCIAL EVENT

(Please remember to include yourself and accompanying person in the number of people attending where applicable)

Date	Event	No of people attending	Total
Conference Gala dinner Saturday 14 September 2019	Delegates R350.00		
	Accompanying persons R450.00		

SUBTOTAL (B) R _____

GRAND TOTAL (A + B) R _____

ACCOUNT DETAILS FOR DIRECT TRANSFERS

Name of account: USANA CONFERENCE

Name of bank: ABSA BANK, PAROW | **Branch Code:** 63 20 05 | **Account no:** 408 508 1124 (Savings Account)

Signed: _____

Date: _____