

Delegate Registration Form 6-9 September 2017

(Registration on 6 September, Congress on 7-9 September)

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PERSONAL INFORMATION							
PLEASE PRINT IN BLOCK CAPITALS AND INDICATE THE APPROPRIATE	E BLOCKS WITH AN "X"						
SURNAME	FIRST NAME						
ID NR	INITIALS TITLE						
NAME OF PRACTICE/							
ACADEMIC INSTITUTION							
POSTAL ADDRESS							
	CODE						
TELEPHONE	CELLPHONE						
EMAIL							
SECTION B	INITIALS TITLE						
PLEASE INDICATE THE REGISTRATION OPTION WITH AN "X"							
1. NDA MEMBER EARLY BIRD CONGRESS REGISTRATION (BEFORE JUNE 15, 2017)	FEES INCLUDE: • FULL REGISTRATION						
2. NDA MEMBER CONGRESS REGISTRATION (AFTER JUNE 15, 2017)	• ALL ACTIVITIES • ALL LECTURES						
3. Non-NDA MEMBER N\$ 8000	• ENTERTAINMENT						
4. SADA MEMBER N\$ 8000]						
5. ACCOMPANYING SPOUSE N\$ 500	<u> </u>						
TOTAL	`						

PLEASE SEND A COPY/SCAN OF THE COMPLETED FORM TO WEBSITE.NAMIBIADENT@GMAIL.COM

BANKING DETAILS:

NAMIBIAN DENTAL ASSOCIATION BANK WINDHOEK MAERUA MALL 483-872 ACC NR. 8000 664 742

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