



Delegate Registration Form 6-8 September 2018

(Registration on 5 September, Congress on 6-9 September)

SECTION A

PERSONAL INFORMATION

PLEASE PRINT IN BLOCK CAPITALS AND INDICATE THE APPROPRIATE BLOCKS WITH AN "X"

SURNAME FIRST NAME

ID NR INITIALS TITLE

NAME OF PRACTICE/

ACADEMIC INSTITUTION

POSTAL ADDRESS

TELEPHONE CELLPHONE CODE

EMAIL

ACCOMPANYING SPOUSE:

SURNAME INITIALS TITLE

SPECIAL DIETARY REQUIREMENTS: NONE VEGETARIAN OTHER:

SECTION B

PLEASE INDICATE THE REGISTRATION OPTION WITH AN "X"

1. NDA MEMBER EARLY BIRD CONGRESS REGISTRATION (BEFORE JUNE 15, 2018)	N\$ 3500	<input type="checkbox"/>
2. NDA MEMBER CONGRESS REGISTRATION (AFTER JUNE 15, 2018)	N\$ 4000	<input type="checkbox"/>
3. NON-NDA MEMBER	N\$ 7000	<input type="checkbox"/>
4. SADA MEMBER	N\$ 7000	<input type="checkbox"/>
5. ACCOMPANYING SPOUSE	N\$ 500	<input type="checkbox"/>
TOTAL	<input type="text"/>	

FEES INCLUDE:

- FULL REGISTRATION
- ALL ACTIVITIES
- ALL LECTURES
- ENTERTAINMENT

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