

KZN Specialist Network 2020 Virtual Conference

REGISTRATION FORM

KZNSN Membership
No:

*MP
Number:

Prof

☐

Dr

☐

Mr

☐

Mrs

☐

*First Name(s):

*Surname:

*Email Address:

Landline / Office Number

*Mobile Number

*Discipline / Speciality

Country / Province

*Will attend:

Day
One

☐

Day
Two

☐

Day Three

☐

ADMISSION IS FREE FOR KZN SPECIALIST NETWORK MEMBERS & PRACTICING DOCTORS

TO RESERVE YOUR ATTENDANCE PLEASE COMPLETE REGISTRATION FORM AND EMAIL TO

TANIA EPHRAIM - INFO@KZNSPECIALIST.CO.ZA

