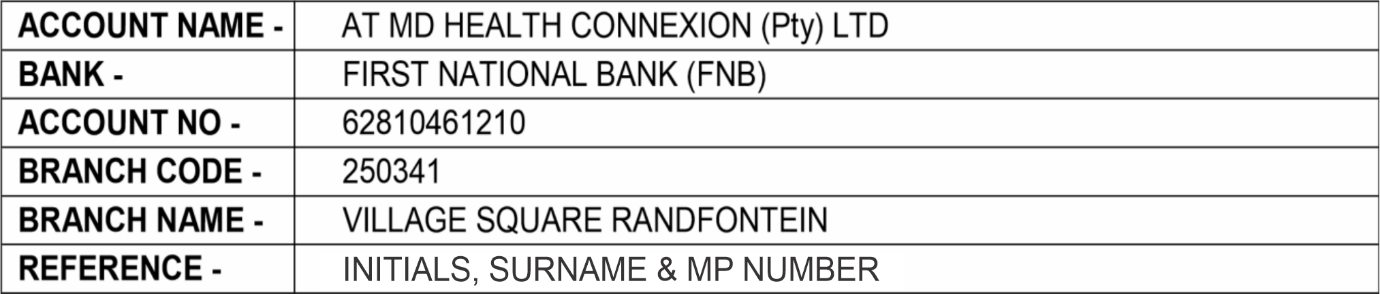
DOCTOR’S BOOKING FORM

(WEST RAND CPD SYMPOSIUM 27 & 28 NOVEMBER 2021)

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME**  *(Tittle, Initial*, *Surname)* |  | | |
| **DISCIPLINE** |  | | |
| **HPCSA NUMBER** |  | | |
| **SAMA NUMBER** |  | | |
| **CELL NUMBER** |  | | |
| **WORK TELEPHONE** |  | | |
| **EMAIL ADDRESS** (*Clear print please)* |  | | |
| **DIETARY**  *(Tick a box with* ***X****)* | **NORMAL**   |  | | --- | |  | | **HALAAL**   |  | | --- | |  | | **VEGETARIAN**   |  | | --- | |  | |

**Banking details:**



\*COVID-19 PROTOCOLS\*

MD HEALTH CONNEXIONS IS COMPLIANT TO COVID-19 HEALTH AND SAFETY PROTOCOLS.

Enquiries:

Maxwell Dali Ndlovu Ben Thabo

Tel: 011 951 0249 Cell: 079 524 2430 Cell: 067 810 6703 / Whatsapp

Email: [maxwelln@mdhealthconnexions.co.za](mailto:maxwelln@mdhealthconnexions.co.za) Email: [bent@mdhealthconnexions.co.za](mailto:bent@mdhealthconnexions.co.za)