DOCTOR’S BOOKING FORM

(WEST RAND CPD SYMPOSIUM 27 & 28 NOVEMBER 2021)

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| --- | --- |
| **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**

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 | **HALAAL**

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 | **VEGETARIAN**

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**Banking details:**



\*COVID-19 PROTOCOLS\*

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

Enquiries:

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