

# REGISTRATION FORM

**NEW HORIZONS CARDIAC SYMPOSIUM**  
**held at the Wits School of Public Health**  
**12th - 15th JULY 2018**

TITLE: \_\_\_\_\_  
SURNAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Code: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

CONTACT DETAILS:  
E-mail: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

Fax: \_\_\_\_\_

MP No: **MP**

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**Fees:**

**Course fees Physician, Cardiologists**

**Anaesthetists, Intensive care specialists: R 3 000. Early registration R2 500 (before 15/05/18)**

**Fellow: R 1 500.00 Early registration R1000 (before 15/05/18)**

**Sonographers: R 1 000.00 Early registration R750 (before 15/05/18)**

**Thursday 12th July (Steve Biko Hospital) R500 per course**

- 1. Pre-Course TEE workshop**
- 2. Pre-course TTE workshop - Building from basics, key physics, anatomy, physiology, echo techniques (including tissue Doppler) and ASE guideline recommended measures**

**Friday 13th July (Flora Clinic) R500 per course**

- 1. Pre-course workshop on 3D TEE**
- 2. Pre-course workshop on native & prosthetic valvular heart disease**

**Contact person:**

**Christine Bisla**

**Telephone: 072 379 1718**

**Email: newhorizons.baraecho@gmail.com**

**Banking details:**

**Payment by direct bank deposit please**

**Bank: Standard Bank**

**Branch Code: Eastgate branch - branch code 018505**

**Account name: Cardiovascular research and training**

**Account number: 221274669**

**Swift Code: SBZAZAJJ**

**NB:** Please write your **NAME AS A REFERENCE** in the blocks provided on the deposit slip.  
**Deposit slip and registration form to be faxed to 086 5180190 or e-mail to newhorizons.baraecho@gmail.com. Registration will only be confirmed once we have received proof of payment.**