**SAMLA MEDIATION REGISTRATION FORM**

**MEDICAL MEDIATION SHOWCASE**

8H00-13H00

AND

**SAMLA AGM**

13H30

**SATURDAY 22 OCTOBER 2016**

**BOWMAN GILFILLAN AUDITORIUM, 165 West Street, SANDTON**

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| **TITLE** |  | |
| **NAME** |  | |
| **SURNAME** |  | |
| **PROFESSION** |  | |
| **HPCSA REG NO**  **(If in medical field)** |  | |
| **E-MAIL ADDRESS** |  | |
| **CELL NUMBER** |  | |
| **SAMLA MEMBERS ONLY:**  **ATTEND AGM?** | YES | NO |

***Medical delegates qualify for CPD points for attending the seminar***

**WHO SHOULD ATTEND?**

Medical- and Allied Health Care Expert Witnesses

Legal Practitioners

Trained Mediators

Prospective Mediators

Department of Health Managers and Legal Representatives

State Attorneys

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| **REGISTRATION COSTS: (Registration will only be done when proof of payment and completed registration form are sent through)**  **REGISTRATION FEE FOR MEDIATION SHOWCASE: R350.00** |

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| **BANK DETAILS (for EFT payments)** |
| Account name: SAMLS  Bank: Nedbank  Branch: Cresta, Randburg.  Branch code: 191305  Account no: 1913301036  **Reference:** Surname + Initials + 22/10 Mediation |

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| **Please submit completed registration form and proof of payment by Friday, 14 October 2016 to : Christa Koelewyn – e-mail: info@samla.org.za** |

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| ***ANCELLATIONS***  **CANCELLATIONS**   1. Should you ***cancel*** your booking within ***less than 7 working days prior to the seminar*** or in case of a ***“no show”*** on the day of the seminar, you will be held ***liable for the registration fee***. ***If you register after the closing date for registration for the seminar, the clause relating to 7 days’ notice of cancellation falls away completely and you will remain liable for payment under all circumstances.***   2. Cancellations will not be accepted, unless ***confirmed in writing***. Please e-mail cancellation requests to info@samla.org.za |