

(3) Practice Packages Fees

VERY EARLY BIRD VALID UNTIL 31 AUG 2017

- A. DENTIST + 2 AUXILIARY STAFF:**
One Day (Fri or Sat): R3 490,00 Two days: R6 490,00
Amount: R _____
- B. DENTIST + 3 AUXILIARY STAFF:**
One Day (Fri or Sat): R4 460,00 Two days: R8 240,00
Amount: R _____
- C. DENTIST + 4 AUXILIARY STAFF:**
One Day (Fri or Sat): R5 430,00 Two days: R10 000,00
Amount: R _____

Dentist: Two Days, Staff: One Day

- D. DENTIST + 2 AUX STAFF:** R5 075,00 Amount: R _____
- E. DENTIST + 3 AUX STAFF:** R6 040,00 Amount: R _____
- F. DENTIST + 4 AUX STAFF:** R7 010,00 Amount: R _____

EARLY BIRD VALID UNTIL 30 SEP 2017

- A. DENTIST + 2 AUXILIARY STAFF:**
One Day (Fri or Sat): R4 100,00 Two days: R7 630,00
Amount: R _____
- B. DENTIST + 3 AUXILIARY STAFF:**
One Day (Fri or Sat): R5 250,00 Two days: R9 690,00
Amount: R _____
- C. DENTIST + 4 AUXILIARY STAFF:**
One Day (Sun or Mon): R6 390,00 Two days: R11 760,00
Amount: R _____

Dentist: Two Days, Staff: One Day

- D. DENTIST + 2 AUX STAFF:** R5 970,00 Amount: R _____
- E. DENTIST + 3 AUX STAFF:** R7 110,00 Amount: R _____
- F. DENTIST + 4 AUX STAFF:** R8 250,00 Amount: R _____

PRACTICE PACKAGES FROM 1 OCT 2017

- A. DENTIST + 2 AUXILIARY STAFF:**
One Day: R5 170,00 Two days: R9 770,00
- B. DENTIST + 3 AUXILIARY STAFF:**
One Day: R6 600,00 Two days: R12 390,00
- C. DENTIST + 4 AUXILIARY STAFF:**
One Day: R 8 030,00 Two days: R15 040,00

Dentist: Two Days, Staff: One Day

- D. DENTIST + 2 AUXILIARY STAFF:** R7 510,00 R _____
- E. DENTIST + 3 AUXILIARY STAFF:** R8 940,00 R _____
- F. DENTIST + 4 AUXILIARY STAFF:** R10 370,00 R _____

Please indicate which day(s) your practice will attend:

- Friday, 10 November 2017 Saturday, 11 June 2017

Total Registration Fees

Please complete the registration form under the relevant categories

- Dentists/Dental Therapists
- Oral Hygienists/Dental Assistants

Number of Special meals : Kosher* _____ Halaal _____

(R450,00 surcharge per person per day)

* Kosher meals available Friday 10th November only

Amount: R _____

Total Amount: (3) R _____

Total Registration Fees

- (1) Dentists/Dental Therapists
Amount: R _____
- (2) Oral Hygienists/Dental Assistants
Amount: R _____
- (3) Practice Packages
Amount: R _____

Grand Total R _____

Payment may be made by electronic transfer or by credit card if you register online. Kindly indicate surname and telephone number as reference. **Bank details: NOMADS, Nedbank Branch #146905 Business North Rand, Current Account # 1469056836**
Please fax registration form and proof of payment to: **086 540 2279** or email to **info@nomadsday.com**
Registration will be confirmed once proof of payment has been received.

Registration enquiries: **ANNE Tel (011) 512 3233 / 079 783 2325** (leave a message if necessary)

Cancellations received in writing:

Before 15th October 2017: 50 % refund
From 15th - 31st October: 25% refund
From 1st November 2017: No refund

Registration Forms



The South African Society of
Endodontics & Aesthetic Dentistry

Nomads 2017

Friday, 10 November 2017
Saturday, 11 November 2017
Vodacom World

Thursday, 9 November 2017
Hands-on Workshops

Visit **www.nomadsday.com**
for further information and
online registration

Nomads 2017

(1) Dentists/Dental Therapists

PROF DR Dental Therapist

SURNAME: _____

FIRST NAME: _____

EMAIL: _____

TEL: _____

FAX: _____

MOBILE: _____

DP/HPCSA NO: _____

VERY EARLY UNTIL 31 AUG 1 DAY: R1 810.00 • 2 DAYS: R3 390.00

EARLY UNTIL 30 SEP 2017 1 DAY: R2 125.00 • 2 DAYS: R3 990.00

LATE FROM 1 OCT 2017 1 DAY: R2 610.00 • 2 DAYS: R4 960.00

Please indicate which day(s) you will attend:

Friday, 10 November 2017

Saturday, 11 November 2017

Special meals : Kosher* _____ Halaal _____

(R450,00 surcharge per person per day)

*Kosher meals available Friday 10th November only

Amount R _____

Total Amount: (1) R _____

For Hands-on Workshop Registrations please
contact Anne on Tel (011) 512 3233 or 079 783 2325

(2) Oral Hygienists/Dental Assistants

Oral Hygienist Dental Assistant

MR MRS MS

1st Registrant

SURNAME: _____

FIRST NAME: _____

EMAIL: _____

TEL: _____

FAX: _____

MOBILE: _____

HPCSA NO: _____

2nd Registrant

SURNAME: _____

FIRST NAME: _____

EMAIL: _____

TEL: _____

FAX: _____

MOBILE: _____

HPCSA NO: _____

(2) Oral Hygienists/Dental Assistants (continued)

VERY EARLY UNTIL 31 AUG

1 DAY: R 980.00 • 2 DAYS: 1 695.00

EARLY UNTIL 30 SEP 2017

1 DAY: R1 150.00 • 2 DAYS: R1 995.00

LATE FROM 1 OCT 2017

1 DAY: R1 440.00 • 2 DAYS: R2 575.00

Please indicate which day(s) you will attend:

Friday, 10 November 2017

Saturday, 11 November 2017

Special meals : Kosher* _____ Halaal _____

(R450,00 surcharge per person per day)

*Kosher meals available Friday 10th November only

Amount R _____

Total Amount: (2) R _____