

DT Hagemeister

Head: Clinical Unit & Associate Professor Family Medicine

BLS / ACLS/ PALS Registration Form 2022:

(Please return completed form by email to hagemeisterdt@ufs.ac.za)

Surname (Last Name) :				
First Name :				
Title :	Health Care Qualification:			
HPCSA/ SANC No.: Identity Number:				
Email:				
Phone No. :	Cell Phone:			
Invoice to:				·
Address for invoice:				
		Postal code:_		
to my work / residentia Address for delivery (if a	pplicable): _			
Registration for:	Date:	Venue:	Fees (full):	Reduced**
BLS for HCW (eManual (Hardcopy)		UFS Sim Unit □ other □	R1100 □	R750 □
ACLS*** □/ ACLS EP****□ (eManual □/ Hardcopy □)		UFS Sim Unit □ other □		R2750 □
PALS*** □ (eManual □/ Hardcopy □)		UFS Sim Unit □ other □		R2750 □
Dietary requirements: H	alaal □ / Hin	di □ / Kosher □ / veget	arian □ / other	
Date:	Signature:			
TERMS AND CONDITIONS:				

Payment: After receipt of the registration, an invoice containing the reference number and banking details will be emailed to you. Proof of payment is required before course materials will be made available.

- * Additional fees for postage/ courier (approximately R150 within South Africa)
- ** Please confirm eligibility for the reduced rate prior to registration (e.g. medical interns/ registrars)
- *** a current (less than 2 years old) RCSA CPR for Professionals/ AHA BLS/ ACLS /PALS card to be provided **** a current (less than 2 years old) AHA ACLS card must be provided

Cancellation more than 1 month prior to Course - 60% REFUND/ (75% if course material returned unopened)

Cancellation less than 1 month prior to Course - NO REFUND

Park West/Parkwes

South Africa/Suid-Afrika

Bloemfontein 9301

205 Nelson Mandela Drive/Rylaan

Postponement more than 3 weeks prior to Course - no fees

Postponement less than 3 weeks prior to Course - R1 000,00 (ACLS/PALS)/ R300 (BLS)

Failure to attend Course - NO REFUND

Only one postponement will be allowed



Internal Box G19 PO Box/Posbus 339 Bloemfontein 9300 South Africa/Suid-Afrika www.ufs.ac.za

