



Office Hours: Mon – Thurs. 08h00 to 16h00 & Fri 08h00 to 15h00  
Contact Tel: 011 675 2220

## REGISTRATION FORM MEDICAL SEMINAR VIA ZOOM ONLINE PLATFORM

Name:		Surname:			
BHF Number:		Service Provider Name:			
Mobile:		E-Mail Address:			
Qualification:		HPCSA Number:		Province	
Have you previously attended a MSA Medical Seminar? YES/NO?		If yes* please indicate date and venue:			
Have you previously worked at Motorsport S.A. events? YES/NO		Gender (Male/female): (For Stats purposes)		Ethnicity: (For stats purposes)	
Signature of Medic					

IF ATTENDING, PLEASE RETURN FORM to [medical@motorsport.co.za](mailto:medical@motorsport.co.za) WITH PROOF OF PAYMENT:

**MOTORSPORT S.A. BANKING DETAILS:**

BANK: FIRST NATIONAL BANK  
BRANC CODE: 260202  
ACC NUMBER: 6282 7891 939  
REF: 'NAME & SURNAME'

**Completed form and proof of payment to be returned via e-mail by no later than 17 February 2025**