



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 WITH PROOF OF PAYMENT:						
MOTOSPORT 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 03 February 2026