

REGISTRATION FORM

Please complete the following and return with your credit card details or proof of payment to the Congress Secretariat on fax: (011) 768 1174 or fax: (011) 768 6750

Title: First Name: Surname:

Tel no (W): Fax no (W): Cell no:

E-mail address: HPCSA no:

Postal address:

Special meal requirements: Kosher Halaal Vegetarian Other

Partner / Spouse Title: First name: Surname:

REGISTRATION CATEGORIES

LATE REGISTRATION FROM 1 JUNE 2008

ON-SITE

SPECIALISTS

SASOG MEMBER	<input type="checkbox"/> R2 400.00	<input type="checkbox"/> R2 900.00
NON-SASOG MEMBER	<input type="checkbox"/> R2 700.00	<input type="checkbox"/> R3 200.00

REGISTRARS / NURSES / ULTRASONOGRAPHERS

<input type="checkbox"/> R1 750.00	<input type="checkbox"/> R2 250.00
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OTHERS (GPs, etc):

<input type="checkbox"/> R2 600.00	<input type="checkbox"/> R3 100.00
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PARTNER / SPOUSE:

For Social Functions only	<input type="checkbox"/> R 500.00	<input type="checkbox"/> R 600.00
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TRADE DELEGATES:

2 x free registrations per stand All additional delegates	<input type="checkbox"/> R 850.00	<input type="checkbox"/> R 950.00
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DAY REGISTRATION (SASOG AND NON-SASOG MEMBERS)

Sunday	<input type="checkbox"/> R1 400.00	<input type="checkbox"/> R1 600.00
Monday	<input type="checkbox"/> R1 400.00	<input type="checkbox"/> R1 600.00
Tuesday	<input type="checkbox"/> R 900.00	<input type="checkbox"/> R1 100.00

DAY REGISTRATION (REGISTRARS & NURSES)

Sunday	<input type="checkbox"/> R 950.00	<input type="checkbox"/> R1 050.00
Monday	<input type="checkbox"/> R 950.00	<input type="checkbox"/> R1 050.00
Tuesday	<input type="checkbox"/> R 600.00	<input type="checkbox"/> R 700.00

GALA DINNER (MONDAY EVENING AT MOYO'S) All congress delegates: R 150.00

TOTAL AMOUNT PAYABLE:

FOR PAYMENT BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

Name of Cardholder: Type of card (Master or Visa)

Exp date: Card no: Last 3 digits on the back

Signature of cardholder:

FOR PAYMENT BY ELECTRONIC TRANSFER / BANK DEPOSIT:

Name of Account: SASOG 2008
Branch: Claremont

BANK: Standard Bank
Branch Code: 025109

Account No: 043326528