|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attendee****Type** | Ophthalmologist |  | Registrar |  | Nurse |  | Assistant |  | Admin. / Manager |  | Other (Please specify) |  |
| Medical Officer |  | Ocularist |  | Orthoptist |  | Optometrist |  | Allied Health |  | Non Ophthalmologist Dr (Please specify) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Attendee (\* required)** | HPCSA No  |  | Practice No |  | **ID / Passport No** |  |
| **Surname (\***) |  | Title |  |
| First name |  | Initials |  |
| Mobile tel |  | Gender |  |
| E-mail (\*) |  |
| **INVOICE TO: Name** |  | VAT no |  |
| Contact Person |  | Tel (w) |  |
| E-mail (w) |  | Fax (w) |  |
| Address |  |
| City |  | Post code |  |
| Country |  |
| **Accompanying Guest** | HPCSA No  |  | Practice No |  | ID / Passport No |  |
| Surname (\*) |  | Title |  |
| First name |  | Initials |  |
| Mobile tel |  | Gender |  |
| E-mail |   |
| **Child / Children** | *Please send a note by email name, gender and age* |

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| **Dietary Requirements**- Vegetarian options will be available- Special meals may incur costs- Order meals and pay by 15 July- Meals not taken cannot be refunded | Vegetarian | Vegan | HalaalR350 per meal *Cost tbc*  | KosherR480 per meal *Cost tbc* | OtherPleasespecify | **Social events** - Mark Yes / No to confirm attendance for catering purposes - Events not attended can’t be refunded | **Welcomecocktail**Yes / No | **Gala dinner**Yes / No |
| Main Attendee |  |  |  |  |  | Main Attendee |  |  |
| Accompanying Guest/s |  |  |  |  |  | Accompanying Guest/s |  |  |

|  |  |  |  |
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| **Registration fees**- Welcome event is included in registration fees - All amounts include VAT | **Full Congress** | **Day Delegate**1 day = 50% 2 days = 100% | **Amount**(VAT incl) |
| **Gala**dinner cost | **Standard**fees: Payby **15 July** | **Late** Fees apply from**16 July** |
| Wed | Thu | Fri | Sat |
| **Ophthalmologist with private practice / part time private practice** |
|  | SASCRS member | 0 | 7,800 | 8,200 |  |  |  |  |  |
|  | Non member | 0 | 8,600 | 9,000 |
| **Ophthalmologist in full time post with no private practice** |
|  | SASCRS member | 0 | 6,700 | 7,100 |  |  |  |  |  |
|  | Non member  | 0 | 7,400 | 7,800 |
|  | Bona fide retired Ophthalmologist member | 0 | 4,100 | 4,500 |  |  |  |  |  |
|  | Honorary SASCRS member | 0 | 0 | 0 |  |  |  |  |  |
|  | Ophthalmologist: Eastern/Central/Southern Afr | 0 | 7,400 | 7,800 |  |  |  |  |  |
|  | Ophthalmologist from abroad  | 0 | 8,600 | 9,000 |  |  |  |  |  |
|  | Non Ophthalmologist Doctor | 0 | 8,600 | 9,000 |  |  |  |  |  |
|  | Registrar in Ophthalmology | 250 | 3,900 | 4,100 |  |  |  |  |  |
|  | Medical Officer in Ophthalmology  | 400 | 3,900 | 4,100 |  |  |  |  |  |
| **DSAEK & DMEK Wet Labs are FULL**, but we can add your name to the **waiting list**. (Attendees must be registered for the congress.)**31 Jul afternoon: Theoretical session** – Sandton Convention Centre | 4,500 | N/a | Waitlist | Waitlist | Waitlist |  |
|  |  |  |
| **Allied Health / Nurse / Ocularist / Orthoptist / Assistant / Manager / Optometrist** *Welcome cocktail included* |
|  **Main Congress** *(access to Two-day congress included)* | 500 | 3,900 | 4,100 |  |  |  |  |  |
|  **Two day congress** *(access to* Main congress is included) | 500 | 3,900 | 4,100 |  |  |  |  |  |
| **Accompanying guest**: Main program / Two day congress | 500 | 3,900 | 4,100 |  |  |  |  |  |
| **Welcome** cocktail: Accompanying guests / extra tickets | 400 |  |  |
| **Gala dinner tickets /** Accompanying guests  | 500 |  |  |
| **Corporate delegate** (not exhibiting)  | 500 | 26,600 | 29,000 |  |  |  |  |  |
| **Total Amount Payable (ZAR)** |  |

|  |  |
| --- | --- |
| **Notes:** **- Force Majeure:** SASCRS and the Organisers shall not be liable for the failure to comply with any obligation as a result of any force majeure event which shall include without imitation, acts of God, strikes, lock-outs, acts of war, terrorism, fire, protest, power failure or other natural disasters.- **Terms & Conditions**: Read: [www.sascrscongress.com](http://www.sascrscongress.com)By submitting this form we accept that you have read and agree to all terms & conditions.  |  **Payment method** **Payment method** (Please mark the method of payment) |
|  | A. **Electronic Bank Transfer**  |
|  | Bank: NEDBANK Branch code: 163145 (Brooklyn Mall) Swift Code: NEDSZAJJ IBAN: N/a Account no: 1631199919 Name: SASCRS Congress  |
|  | B. **Card Payment** You will need to sign a printed receipt at registration |
|  You will receive an authorisation form. |
|  | C. **Pro-Forma invoice required**  |
|  |  Mark this item if you require a proforma invoice to arrange for payment. |