|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | Halaal  R350 per meal  *Cost tbc* | Kosher R480 per meal  *Cost tbc* | Other Please  specify | **Social events**  - Mark Yes / No to confirm attendance for catering purposes  - Events not attended can’t be refunded | **Welcome cocktail**  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: Pay  by **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)** | | | | | | | | |  |

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| **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. |