



SASCRC 2019 Attendee Registration

Submit forms to E-mail: sascrcsregister@gmail.com (Alt E-mail: christitruter@me.com)
 Enquiries: Christi Truter Tel: +27 (0) 82 219 3770 / Judith Morgan Tel: +27 (0) 82 781 4786
 Groups / Exhibitors: Please use personnel / groups registration form on www.sascrcscongress.com
 v0701

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											
Children	Please send a note by email with your accompanying child's name, gender and age.										
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 (TBC) per meal	Kosher R480 (TBC) per meal	Other Please specify	SOCIAL EVENTS •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					
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 rates: pay by 15 July	Late fees apply from 16 July	Wed	Thu		Fri
Ophthalmologist with private practice / part time private practice	SASCRC member	0	7,800	8,200							
	Non member	0	8,600	9,000							
Ophthalmologist in full time post with no private practice	SASCRC member	0	6,700	7,100							
	Non member	0	7,400	7,800							
Bona fide retired Ophthalmologist SASCRC member		0	4,100	4,500							
Honorary SASCRC member		0	0	0							
Ophthalmologist from low income country (Eastern / Central / Southern Africa)		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 LAB (Attendees must be registered for the congress) Theoretical session must be attended on 31 July afternoon. Final time will be communicated to registrants.											
Practical wet lab sessions are FULL , but we can add your name to a WAITING LIST					4,500	4,500	TBC	Waitlist only			
Allied Health / Nurse / Ocularist / Orthoptist / Administrator / 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	400	400							
Gala dinner tickets / Accompanying guests		500	500	500							
Corporate delegate (not exhibiting)		500	26,600	29,000							
Total Amount Payable (ZAR)											

Notes:
 - Force Majeure: SASCRC 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.sascrcscongress.com. By submitting this form we accept that you have read and agree to all terms & conditions.

Payment method (Please mark the method of payment)	
<input type="checkbox"/>	A. ELECTRONIC BANK TRANSFER Bank: NEDBANK Branch code: 163145 (Brooklyn Mall) Account no: 1631199919 Name: SASCRC Congress Swift Code: NEDSZAJJ IBAN: N/a
<input type="checkbox"/>	B. CARD PAYMENT 1) You will be asked to sign a printed copy of the receipt at registration 2) You will receive an authorisation form. Return completed form to the congress office.
<input type="checkbox"/>	C. PRO FORMA INVOICE REQUIRED