

REGISTRATION FORM (For academic **AND** trade delegates)

SASCRO SASMO SACCSG Congress 2017 4 - 6 Aug 2017

1. **COMPLETE** clearly in BLOCK LETTERS - detailed as possible please
2. **E-MAIL / FAX** Registration Form, as well as proof of payment to + 27 (0) 86 60 60 555 **BEFORE 17 May 2017**

You can also register ONLINE at
www.sascrosasmo2017.co.za

- Ensure that that you receive a confirmation by e-mail from the organisers **within 10 working days**.
- **Important request to companies sponsoring delegates:**
 Kindly let us have the delegate's **personal** postal address and other contact information.

Please tick one:		Radiation Oncologist	Medical Oncologist	Clinical & Radiation Oncologist			Paediatric Oncologist	
Gynaecological Oncologist	Haematologist	Registrar	Radiotherapist	MO	Medical Physicist	Nurse	Social Worker	
Pharmacist	GP	Trade	Other (specify):					

PERSONAL DETAILS										
Surname			First name							
Initials		Title	Prof	Dr	Mr	Mrs	Ms	HPCSA No.		
Preferred badge name of delegate							ID No.			
Company / Institution						VAT No.				
Postal address										
Province		City		Country			Postal code			
Business telephone				Business fax						
E-mail address							Mobile no.			
Special dietary requirements			Vegetarian			Halaal		Kosher		

ACCOMMODATION: You are responsible for your own accommodation arrangements. (Page 10)			
Hotel?	The Sandton Sun	Garden Court Sandton City	
Other hotel / guest house / lodge (Please specify):			

Enquiries: Clayton Meise & Amelia Koch

Tel: 051 436 7733 / 083 265 0 265

Fax: +27 86 60 60 555

E-mail: info@rkcommunication.co.za

Page 2 ⇨

NAME: _____ Responsible for payment: _____

REGISTRATION FEES Please refer to fee entitlements – Page 8	EARLY BIRD Register AND pay UNTIL 17 May	STANDARD FEE Register AND pay FROM 18 May	ULTRA LATE FEE Register AND pay FROM 20 July 2017	
-----------------------------------------------------------------------	--------------------------------------------------------------	---------------------------------------------------------------	-----------------------------------------------------------------------	--

CONGRESS No VAT payable

Entire duration:

SASMO, SASCRO, SACCSG & SASGO members*	R 2 200	R 3 000	R 4 000	R
Non-members (Independent Medical Practitioners)	R 4 900	R 5 300	R 6 500	R
Fellows, Registrars, Nurses, Radiotherapists, Radiation Therapist, Pharmacists, Social Workers, Medical Physicists, Medical Officers in fulltime government employment, GP's	R 1 800	R2 200	R 3 000	R
Additional company delegates (two free delegates per exhibition stand)	R4 800	R 5 000	R 6 500	R

Registration for specific days (Day delegates): Please tick day(s) **Fr** **Sa** **Su**

SASMO, SASCRO, SACCSG & SASGO members*	R 1 100	R 1 500	R 2 000	R
Non-members (Independent Medical Practitioners)	R 2 400	R 2 600	R 3 300	R
Fellows, registrars, Nurses, Radiotherapists, Pharmacists, Social Workers, Medical Physicists, Medical Officers in fulltime government employment	R 950	R 1 200	R 1 500	R
Additional company delegates (two free delegates per exhibition stand)	R 2 400	R 2 500	R 3 300	R

SOCIAL FUNCTIONS (ALL social functions are free of charge for delegates registered for the entire academic congress.) (Please refer to page 11 of the Final Invitation)
PLEASE indicate the numbers attending:

Welcoming Function (Friday, 4 Aug)	Delegate	↓	Additional unregistered guests: ____ (Number) X R 400	R
AstraZeneca Evening Symposium (Saturday, 5 Aug)	Delegate	↓	Additional unregistered guests: ____ (Number) X R 400	R

METHOD OF PAYMENT	Direct bank deposit / transfer	↓	Credit card	TOTAL	R
--------------------------	--------------------------------	---	-------------	--------------	---

Direct bank deposit / transfer (Please DO NOT mail cheques)
ABSA Bank (Brandwag) **Branch code:** 632 005
Account no: 405 540 6140
Swift code: ABSA ZA JJ (for international transfers)
Account name: SASCRO SASMO Congress
Reference: Your name & surname as it appears on the registration form.

Please ensure that you receive a confirmation by e-mail from the organisers within 10 working days.

PLEASE CHARGE THE TOTAL DUE FOR THE SASCRO SASMO CONGRESS 2017 TO THE FOLLOWING CREDIT CARD:

Name of card holder:												
Type of card	Visa	MasterCard	Diners or American Express Cards NOT ACCEPTED									
Card number												
Expiry date				Amount:	R							
Last 3 digits on back of card				Signature of card holder:								