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PRE - APPROVAL REGISTRATION FORM

PLEASE NOTE: THIS FORM DOES NOT CONSTITUTE AN ACCEPTED REGISTRATION. THIS IS ONLY FOR INTERNAL USE FOR PRE-APPROVAL, DELEGATES ARE STILL REQUIRED TO REGISTER AND PAY ONLINE
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DELEGATE INFORMATION:

Title: Prof Dr Mr Mrs Ms Other

HPCSA Reg No:

Surname:				First Name:		
Organisation:				Department/Section:		
Telephone No:		Fax No:		Mobile No:		
Email Address:						
Full Postal Address:						Postal Code:

CONFERENCE REGISTRATION FEES & CATEGORIES

Categories:	Early Online Registration Closes 20 June 2016	Late Online Registration From 21 June 2016
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Member Full Conference	<input type="checkbox"/> R 4500	<input type="checkbox"/> R 5000
Non-Member Full Conference	<input type="checkbox"/> R 5000	<input type="checkbox"/> R 5500
Trade Additional Person	<input type="checkbox"/> R 5500	
Day Registration (per day)	<input type="checkbox"/> R 2000	<input type="checkbox"/> R 2500
If Attending on a daily basis, please indicate which days you will be attending	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri
	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun

PRE-CONFERENCE WORKSHOP - PLEASE MARK (X) CLEARLY – THURSDAY 18 AUGUST 2016

Workshop & Date	Co-Ordinator	Venue	Attending (X)	Cost
Radiology		Indaba Hotel & Conference Centre		<input type="checkbox"/> R750
Ultrasound		Indaba Hotel & Conference Centre		<input type="checkbox"/> R1000
Wet Lab		WITS		<input type="checkbox"/> 750
Holistic Lung Functions		Indaba Hotel & Conference Centre		<input type="checkbox"/> R750
Attending Welcome Function – Thursday 18 August (Included in registration fee)				No charge
Attending Welcome Function Additional Guest				No Charge
Guest First Name: _____ Guest Surname: _____				
Attending Celebration Dinner Function: Saturday 20 August (Included in registration fee)				No charge
Attending Celebration Dinner Function Additional Guest				<input type="checkbox"/> R300
Guest First Name: _____ Guest Surname: _____				
DIETARY REQUIREMENTS: PLEASE NOTE THAT WE USE HALAAL FRIENDLY CATERERS AT ALL TIMES				
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Halaal (STRICTLY)	<input type="checkbox"/> Kosher (STRICTLY)	Other (Please specify)	
Total Fees payable				R

See Payment Instructions Overleaf



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PAYMENT INSTRUCTIONS

- **NOTE**

Online group registration available. This booking is non-transferable. Only full pre-paid registrations will be accepted. Please register online at www.satscongress2016.co.za

- **GOVERNMENT PURCHASE ORDERS**

Not accepted.

- **METHODS OF PAYMENT**

Please **email** through proof of payment to accounts2@eoafrika.co.za . Should this not be received, your booking will be invalid.

- **BANK DEPOSIT OR ELECTRONIC TRANSFER**

Account Name: **SATS & SASSM**
Bank: First National Bank (FNB)
Branch Code: 254005
Account Number: 62560188156

- **CREDIT CARD ONLINE PAYMENT**

Indicate **SURNAME** and **Proforma Reference Number** (e.g.SATS000xx) on Bank/Electronic transfers. The Organiser will not be responsible for identifying funds if the delegate's name is not mentioned. The Organiser will not accept any bank charges associated with the transfer.

- **SPONSORED DELEGATES**

Kindly indicate sponsors details when registering online

- **CANCELLATIONS & REFUNDS**

Europa Organisation Africa stipulates that payments made for SATS/SAASM Congress 2016 will be refunded on the following terms:

- All requests for registration cancellations and refunds to be forwarded in writing to accounts2@eoafrika.co.za
- Before 20 July: 10% cancellation fee will be applicable
- 21 – 27 July: 25% cancellation fee will be applicable
- 28 July – 03 August: 50% cancellation fee will be applicable
- No refunds after 03 August
- "No shows" delegates to the SATS SLEEP Congress will not receive a refund

Detailed **Terms & Conditions** available at www.etchouches.com/satsleep2016

TELEPHONE ENQUIRIES +27 11 325 0020/0022/0023

Email: enquiries@eoafrika.co.za

www.satscongress2016.co.za or www.sassmcongress2016.co.za

Please keep a copy for your own records.