SASPEN 2010 CONFERENCE
3 – 5 MARCH 2010
REGISTRATION FORM

Please complete and return with your proof of payment BEFORE 11 January 2010 (Early) or 12 February 2010 (Late) to:
NELDA ROUSSEAU (SASPEN 2010 Conference)
POSTAL ADDRESS: P O BOX 19063, 7505 TYGERBERG, SOUTH AFRICA
TEL: +27-21-938 9651, FAX: +27-21-933-2649, E-MAIL neldar@sun.ac.za

Please write in clear capital letters. Where applicable, place a cross in the appropriate block.

Title		Prof		Dr		Mr		Ms	

Surname	
First name	

Accompanying person	

(Accompanying persons may attend social function only .)

Postal Address			
Organisation			
Address:			
City		ZIP Code	

Telephone Number		Fax number	

E-mail	
HPCSA number for CPD	

Registration Fees	International Participants (before 11 Jan 10)	International Participants (before 12 Feb 10)	South African Participants (before 11 Jan 10)	South African Participants (before 12 Feb 10)	Student Participants (before 11 Jan 10)	Student Participants (before 12 Feb 10)
Full Conference	**R3000.00**	**R3500.00**	**R1500.00**	**R2000.00**	**R1200.00**	**R1300.00**
Conference Day Registration	R1100.00	R1250.00	R800.00	R1000.00	R600.00	R700.00
Total						

Indicate Day of Attendance Wed 03 Mar ☐ Thu 04 Mar ☐ Fri 05 Mar ☐

Indicate Meal Preference (All meals are Halaal Friendly at no additional cost)	Strictly Halaal	R220.00 per day	Kindly indicate any other dietary requirements below:
	Kosher	R220.00 per day	

A surcharge of R220 per meal will be charged for Strictly Halaal or Kosher meals as it is ordered in separately from Cape Town

Date	Social Event	No of people attending	Total
Thursday 04 March	**Cocktail function (cost included in delegates registration fee) Accompanying persons R180.00**		

Please indicate method of payment:

Cheque ☐ Bank transfer ☐ **Credit card facility available to online registrations only**	**Account details for direct transfers:** Name of account: SASPEN 2010 Name of bank: ABSA BANK, PAROW Branch Code: 50 21 10 Account no: 923 229 3917
Signed:	**Date**: