



SASCERS 2022 Group Registration
Allied health worker / Nurse / Ocularist / Orthoptist / * Ophthalmic personnel

Submit forms to E-mail: registration@sascerscongress.com (Alt: info@sascerscongress.com)

Enquiries: Christi Truter Tel: +27 (0) 82 219 3770 E-mail: christitruter@me.com
 formv0901

1. CONTACT PERSON		2. COMPANY & INVOICING DETAILS		
Name		Name / company		
Designation		Practice No	VAT No	
E-mail		Address line 1		
Tel (w)		Address line 2		
Fax		City	Post code	
Mobile		Country		

Notes:
 - *Ophthalmic personnel refers to attendee in the employment of an ophthalmologist/ clinic, such as: Administrator, assistant, manager, nurse, optmetrist, etc.
 - Terms & Conditions: By submitting this form we accept that you have read and agree to all terms & conditions.
 Read: www.sascerscongress.com
 - Force Majeure: SASCERS 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 limitation, acts of God, strikes, lock-outs, acts of war, terrorism, fire, protest, power failure or other natural disasters.
 ** Dietary requirements
 - Special meals may incur costs
 - Order meals and pay by 15 October
 - Meals not taken cannot be refunded
 - Please confirm attendance for catering purposes
 - Events not attended can't be refunded

3. REGISTRATION Included: Welcome and 15% VAT	Number of People in this group	Fee per person	AMOUNT (VAT incl)
Note: Day registration: 1 Day = 50% 2 Days = 100%			
2-Day program Only (Thu&Fri): R4,800 Std fee R5,000 from 2/10			
2-Day program + Saturday: R4,800 Std fee R5,000 from 2/10			
Main Program Only (Thu - Sat) R4,800 Std fee R5,000 from 2/10			
* PAYMENT TOTAL			

* You can generate a proforma / tax invoice to use for payment request from your department: Download the form "Group Payment Form" from the congress website

4. PAYMENT METHOD (Please mark the method of payment)			
A. Electronic Bank Transfer	Bank: NEDBANK	Branch code: 163145 (Brooklyn Mall)	Swift Code: NEDSZAJJ
	Account no: 1631199919	Name: SASCERS Congress	
B. Card Payment You will receive an authorisation form. Return completed form to the congress office.			
C. PRO-FORMA INVOICE REQUIRED Mark this item if you need an invoice to arrange for payment.			
D. SECURE ONLINE PAYMENT: you will receive a link to pay online via Payfast			

5. ATTENDEES INCLUDED IN THIS REGISTRATION

Attendee details										Attendee Number : 01			
Type / designation:	Allied Health	Admin / manager	Assistant	Nurse	Ocularist	Optometrist	Orthoptist	Other (Please specify)					
Surname (*)						Title	Initials	Gender M/F					
First name						HPCSA /Reg no	ID / Passport no						
Mobile tel						E-mail (*)							
** Dietary Requirements Order meals and pay by 15 October Meals not taken cannot be refunded.						*** Mark the program & events that you will be attending		2-Day congress		Main Program		Welcome cocktail	
Vegetarian	Vegan	Halaal cost tbc	Kosher cost tbc	Other (Specify)		Thu & Fri	Thu	Fri	Sat	Yes / No			

Attendee details										Attendee Number : 02			
Type / designation:	Allied Health	Admin / manager	Assistant	Nurse	Ocularist	Optometrist	Orthoptist	Other (Please specify)					
Surname (*)						Title	Initials	Gender M/F					
First name						HPCSA /Reg no	ID / Passport no						
Mobile tel						E-mail (*)							
** Dietary Requirements Order meals and pay by 15 October Meals not taken cannot be refunded.						*** Mark the program & events that you will be attending		2-Day congress		Main Program		Welcome cocktail	
Vegetarian	Vegan	Halaal cost tbc	Kosher cost tbc	Other (Specify)		Thu & Fri	Thu	Fri	Sat	Yes / No			

SASCERS 2022 Group Registration

Submit forms to E-mail: registration@sascerscongress.com (Alt: info@sascerscongress.com)

CONTACT PERSON	PRACTICE / company
----------------	--------------------

5. ATTENDEES INCLUDED IN THIS REGISTRATION (continued)

Attendee details											Attendee Number : 03			
Type / designation:	Allied Health	Admin / manager	Assistant	Nurse	Ocularist	Optometrist	Orthoptist	Other (Please specify)						
Surname (*)						Title	Initials		Gender M/F					
First name						HPCSA /Reg no			ID / Passport no					
Mobile tel						E-mail (*)								
** Dietary Requirements Order meals and pay by 15 October Meals not taken cannot be refunded.						*** Mark the program & events that you will be attending		2-Day congress		Main Program			Welcome cocktail	
Vegetarian	Vegan	Halaal cost tbc	Kosher cost tbc	Other (Specify)				Thu & Fri	Thu	Fri	Sat	Yes / No		

Attendee details											Attendee Number : 04			
Type / designation:	Allied Health	Admin / manager	Assistant	Nurse	Ocularist	Optometrist	Orthoptist	Other (Please specify)						
Surname (*)						Title	Initials		Gender M/F					
First name						HPCSA /Reg no			ID / Passport no					
Mobile tel						E-mail (*)								
** Dietary Requirements Order meals and pay by 15 October Meals not taken cannot be refunded.						*** Mark the program & events that you will be attending		2-Day congress		Main Program			Welcome cocktail	
Vegetarian	Vegan	Halaal cost tbc	Kosher cost tbc	Other (Specify)				Thu & Fri	Thu	Fri	Sat	Yes / No		

Attendee details											Attendee Number : 05			
Type / designation:	Allied Health	Admin / manager	Assistant	Nurse	Ocularist	Optometrist	Orthoptist	Other (Please specify)						
Surname (*)						Title	Initials		Gender M/F					
First name						HPCSA /Reg no			ID / Passport no					
Mobile tel						E-mail (*)								
** Dietary Requirements Order meals and pay by 15 October Meals not taken cannot be refunded.						*** Mark the program & events that you will be attending		2-Day congress		Main Program			Welcome cocktail	
Vegetarian	Vegan	Halaal cost tbc	Kosher cost tbc	Other (Specify)				Thu & Fri	Thu	Fri	Sat	Yes / No		

Attendee details											Attendee Number : 06			
Type / designation:	Allied Health	Admin / manager	Assistant	Nurse	Ocularist	Optometrist	Orthoptist	Other (Please specify)						
Surname (*)						Title	Initials		Gender M/F					
First name						HPCSA /Reg no			ID / Passport no					
Mobile tel						E-mail (*)								
** Dietary Requirements Order meals and pay by 15 October Meals not taken cannot be refunded.						*** Mark the program & events that you will be attending		2-Day congress		Main Program			Welcome cocktail	
Vegetarian	Vegan	Halaal cost tbc	Kosher cost tbc	Other (Specify)				Thu & Fri	Thu	Fri	Sat	Yes / No		