



# SASCRC 2024 Attendee Registration

v0806

Submit forms to E-mail: register@sascrccongress.co.za (Alt: info@sascrccongress.co.za)

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

Groups / Exhibitors: Please use the group booking form on the website https://sascrccongress.co.za

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)												
Address												
City						Post code						
Country												
ACCOMPANYING GUEST	HPCSA no	Practice No	ID / Passport no									
Surname (*)						Title						
First name						Initials						
Mobile tel						Gender						
E-mail												
<b>DIETARY REQUIREMENTS</b>	None	Vegan	Halaal R450-480 per meal	Kosher R450-480 per meal	Food allergy please specify	<b>SOCIAL EVENTS</b>						
•Vegetarian options will be available •Special meals: surcharge R450-480 - Order meals and pay by 15 Oct •Meals not taken cannot be refunded						•Confirm attendance for catering purposes •Events not attended can't be refunded •Awards dinner: Cost to be advised						
Main Attendee						Friday Opening & Welcome Cocktail Yes/No						
Accompanying Guest/s						Saturday Awards Dinner Yes/No						
<b>REGISTRATION FEES</b>				Full Congress 7 - 10 Nov				Day delegate 1 Day = 50% 2 Days = 100%				AMOUNT (VAT incl)
- Exhibition opening & welcome event is included - All amounts include VAT				Early bird 1 Aug - 6 Sep	Standard fee 7 Sep - 31 Oct	Late fee From 1 Nov	Thu	Fri	Sat	Sun		
Ophthalmologist with private practice / part time private practice SASCRC Member				R8,900	R9,300	R9,700						
Non member				R10,200	R10,600	R11,000						
Ophthalmologist in full time post with no private practice SASCRC member				R7,200	R7,600	R8,000						
Non member				R8,900	R9,300	R9,700						
Bona fide retired Ophthalmologist SASCRC member				R4,800	R5,200	R5,600						
Honorary SASCRC member				0	0	0						
Ophthalmologist from a LOW INCOME country in Africa				R7,200	R7,600	R8,000						
Ophthalmologist from abroad				R10,200	R10,600	R11,000						
Non Ophthalmologist Doctor				R10,200	R10,600	R11,000						
Registrar in Ophthalmology in South Africa				R3,500	R3,900	R4,300						
Medical Officer in Ophthalmology in South Africa				R4,800	R5,200	R5,600						
Allied Health Professional or practice personnel: Nurse / Ocularist / Orthoptist / Administrator / Assistant / Manager / Optometrist												
Main Congress (Access to 2-day congress & Welcome incl)				R4,800	R5,000	R5,200						
Two-day congress (Access to main congress & Welcome incl)				R4,800	R5,000	R5,200						
Accompanying Guest												
Main Congress (Access to 2-day congress & Welcome incl)				R4,800	R5,000	R5,200						
Two-day congress (Access to main congress & Welcome incl)				R4,800	R5,000	R5,200						
EXHIBITION OPENING & WELCOME event: Additional tickets				R 550	R 550	R 600	No people					
SASCRC AWARDS DINNER Tickets				R 690	R 690	R 750	No people					
<b>Total Amount Payable (ZAR)</b>												

• 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 limitation, acts of God, strikes, lock-outs, acts of war, terrorism, fire, protest, power failure or other natural disasters.  
• By submitting this form we accept that you agree to all terms & conditions. Read Information: <https://sascrccongress.co.za/>

<b>PAYMENT METHOD</b> (Please mark the method of payment - if applicable)		
<input type="checkbox"/>	A. Electronic 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	You will receive a link to pay via Payfast, the congress secure payment portal
<input type="checkbox"/>	C. Sponsored / Pro forma invoice required	