



**SASCERS 2024 Group Registration**  
**Allied Health worker / Nurse / Ocularist / Orthoptist & \* Ophthalmic personnel**

formv0801

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

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

Ophthalmologists: Please use the Attendee registration form

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

**Notes**

- **Ophthalmic personnel** refers to attendee in the employment of an ophthalmologist/clinic, such as assistant, manager, nurse, optometrist, etc.
- **Terms & Conditions:** <https://sascerscongress.co.za>
- By submitting this form we accept that you have read and agree to all terms & conditions.
- **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.
- **Social events:** Please confirm attendance for catering purposes. Welcome event is included in the registration fee. Events not attended can't be refunded
- **Meals:** Meals not taken cannot be refunded. Vegetarian options will be available.
- \*\* Strict halaal and strict kosher meals must be ordered and incur costs. If you require special meals: Order and pay by 15 October

3. REGISTRATION Included: Welcome event	Number of People	Early Bird 1 Aug - 6 Sep	Standard fees 7 Sep - 6 Oct	Late fees from 7 Oct	AMOUNT (VAT incl)
Note: Day registration: 1 Day = 50% 2 Days = 100%					
2-Day Programme ONLY (Fri & Sat)		R4,800	R5,000	R5,200	
2-Day Programme + Sunday main programme		R4,800	R5,000	R5,200	
Main Program ONLY (Fri - Sun)		R4,800	R5,000	R5,200	
Opening & Welcome Cocktail (Fri)		0	0	0	
SASCERS Dinner (Sat evening)		R690	R690	R750	
* PAYMENT TOTAL					

**4. PAYMENT METHOD** (Please mark the method of payment)

<input type="checkbox"/>	A. EFT Bank: NEDBANK Name: SASCERS Congress Account no: 1631199919 Branch code: 163145 (Brooklyn Mall) Swift Code: NEDSZAJJ
<input type="checkbox"/>	B. Card Payment: You will receive a link to pay online via Payfast
<input type="checkbox"/>	C. Pro forma invoice required: Mark this item if you need an invoice to arrange for payment.

**5. ATTENDEES INCLUDED IN THIS REGISTRATION**

**Attendee Number : 01**

Type / Designation:	Nurse	Admin / manager	Ocularist	Optometrist	
	Assistant	Allied Health	Orthoptist	Other (Please specify)	
<b>Attendee</b>	HPCSA / Reg no	ID / Passport no			
<b>Surname (*)</b>				Title	
First name				Initials	
Mobile tel				Gender	
E-mail (*)					
<b>** Dietary Requirements: Strict halaal and strict kosher meals must be ordered @ R450 - R480 / meal</b>					
None	Halaal R450-480 / meal	Kosher R450-480 / meal	Food allergy (Specify)		
Mark the programme days & events that you plan on attending	2 - Day congress	Main Program		Welcome Cocktail	SASCERS dinner
	Fri & Sat	Fri	Sat	Sun	Fri PM Sat PM

**Attendee Number : 02**

Type / Designation:	Nurse	Admin / manager	Ocularist	Optometrist	
	Assistant	Allied Health	Orthoptist	Other (Please specify)	
<b>Attendee</b>	HPCSA / Reg no	ID / Passport no			
<b>Surname (*)</b>				Title	
First name				Initials	
Mobile tel				Gender	
E-mail (*)					
<b>** Dietary Requirements: Strict halaal and strict kosher meals must be ordered @ R450 - R480 / meal</b>					
None	Halaal R450-480 / meal	Kosher R450-480 / meal	Food allergy (Specify)		
Mark the programme days & events that you plan on attending	2 - Day congress	Main Program		Welcome Cocktail	SASCERS dinner
	Fri & Sat	Fri	Sat	Sun	Fri PM Sat PM

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**5. ATTENDEES INCLUDED IN THIS REGISTRATION** (continued)

<b>Attendee Number : 03</b>												
Type / Designation:	Nurse		Admin / manager		Ocularist		Optometrist					
	Assistant		Allied Health		Orthoptist		Other (Please specify)					
<b>Attendee</b>	HPCSA / Reg no				ID / Passport no							
<b>Surname (*)</b>							Title					
First name							Initials					
Mobile tel							Gender					
E-mail (*)												
** Dietary Requirements: Strict halaal and strict kosher meals must be ordered @ R450 - R480 / meal												
None	<input type="checkbox"/>	Halaal R450-480 / meal	<input type="checkbox"/>	Kosher R450-480 / meal	<input type="checkbox"/>	Food allergy (Specify)						<input type="checkbox"/>
Mark the programme days & events that you plan on attending	2 - Day congress		Main Program			Welcome Cocktail		SASCERS dinner				
	Fri & Sat	<input type="checkbox"/>	Fri	<input type="checkbox"/>	Sat	<input type="checkbox"/>	Sun	<input type="checkbox"/>	Fri PM	<input type="checkbox"/>	Sat PM	<input type="checkbox"/>

<b>Attendee Number : 04</b>												
Type / Designation:	Nurse		Admin / manager		Ocularist		Optometrist					
	Assistant		Allied Health		Orthoptist		Other (Please specify)					
<b>Attendee</b>	HPCSA / Reg no				ID / Passport no							
<b>Surname (*)</b>							Title					
First name							Initials					
Mobile tel							Gender					
E-mail (*)												
** Dietary Requirements: Strict halaal and strict kosher meals must be ordered @ R450 - R480 / meal												
None	<input type="checkbox"/>	Halaal R450-480 / meal	<input type="checkbox"/>	Kosher R450-480 / meal	<input type="checkbox"/>	Food allergy (Specify)						<input type="checkbox"/>
Mark the programme days & events that you plan on attending	2 - Day congress		Main Program			Welcome Cocktail		SASCERS dinner				
	Fri & Sat	<input type="checkbox"/>	Fri	<input type="checkbox"/>	Sat	<input type="checkbox"/>	Sun	<input type="checkbox"/>	Fri PM	<input type="checkbox"/>	Sat PM	<input type="checkbox"/>

<b>Attendee Number : 05</b>												
Type / Designation:	Nurse		Admin / manager		Ocularist		Optometrist					
	Assistant		Allied Health		Orthoptist		Other (Please specify)					
<b>Attendee</b>	HPCSA / Reg no				ID / Passport no							
<b>Surname (*)</b>							Title					
First name							Initials					
Mobile tel							Gender					
E-mail (*)												
** Dietary Requirements: Strict halaal and strict kosher meals must be ordered @ R450 - R480 / meal												
None	<input type="checkbox"/>	Halaal R450-480 / meal	<input type="checkbox"/>	Kosher R450-480 / meal	<input type="checkbox"/>	Food allergy (Specify)						<input type="checkbox"/>
Mark the programme days & events that you plan on attending	2 - Day congress		Main Program			Welcome Cocktail		SASCERS dinner				
	Fri & Sat	<input type="checkbox"/>	Fri	<input type="checkbox"/>	Sat	<input type="checkbox"/>	Sun	<input type="checkbox"/>	Fri PM	<input type="checkbox"/>	Sat PM	<input type="checkbox"/>

<b>Attendee Number : 06</b>												
Type / Designation:	Nurse		Admin / manager		Ocularist		Optometrist					
	Assistant		Allied Health		Orthoptist		Other (Please specify)					
<b>Attendee</b>	HPCSA / Reg no				ID / Passport no							
<b>Surname (*)</b>							Title					
First name							Initials					
Mobile tel							Gender					
E-mail (*)												
** Dietary Requirements: Strict halaal and strict kosher meals must be ordered @ R450 - R480 / meal												
None	<input type="checkbox"/>	Halaal R450-480 / meal	<input type="checkbox"/>	Kosher R450-480 / meal	<input type="checkbox"/>	Food allergy (Specify)						<input type="checkbox"/>
Mark the programme days & events that you plan on attending	2 - Day congress		Main Program			Welcome Cocktail		SASCERS dinner				
	Fri & Sat	<input type="checkbox"/>	Fri	<input type="checkbox"/>	Sat	<input type="checkbox"/>	Sun	<input type="checkbox"/>	Fri PM	<input type="checkbox"/>	Sat PM	<input type="checkbox"/>

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**5. ATTENDEES INCLUDED IN THIS REGISTRATION** (continued)

<b>Attendee Number : 07</b>												
Type / Designation:	Nurse		Admin / manager		Ocularist		Optometrist					
	Assistant		Allied Health		Orthoptist		Other (Please specify)					
<b>Attendee</b>	HPCSA / Reg no				ID / Passport no							
<b>Surname (*)</b>							Title					
First name							Initials					
Mobile tel							Gender					
E-mail (*)												
** Dietary Requirements: Strict halaal and strict kosher meals must be ordered @ R450 - R480 / meal												
None	<input type="checkbox"/>	Halaal R450-480 / meal	<input type="checkbox"/>	Kosher R450-480 / meal	<input type="checkbox"/>	Food allergy (Specify)						<input type="checkbox"/>
Mark the programme days & events that you plan on attending	2 - Day congress		Main Program			Welcome Cocktail		SASCERS dinner				
	Fri & Sat	<input type="checkbox"/>	Fri	<input type="checkbox"/>	Sat	<input type="checkbox"/>	Sun	<input type="checkbox"/>	Fri PM	<input type="checkbox"/>	Sat PM	<input type="checkbox"/>

<b>Attendee Number : 08</b>												
Type / Designation:	Nurse		Admin / manager		Ocularist		Optometrist					
	Assistant		Allied Health		Orthoptist		Other (Please specify)					
<b>Attendee</b>	HPCSA / Reg no				ID / Passport no							
<b>Surname (*)</b>							Title					
First name							Initials					
Mobile tel							Gender					
E-mail (*)												
** Dietary Requirements: Strict halaal and strict kosher meals must be ordered @ R450 - R480 / meal												
None	<input type="checkbox"/>	Halaal R450-480 / meal	<input type="checkbox"/>	Kosher R450-480 / meal	<input type="checkbox"/>	Food allergy (Specify)						<input type="checkbox"/>
Mark the programme days & events that you plan on attending	2 - Day congress		Main Program			Welcome Cocktail		SASCERS dinner				
	Fri & Sat	<input type="checkbox"/>	Fri	<input type="checkbox"/>	Sat	<input type="checkbox"/>	Sun	<input type="checkbox"/>	Fri PM	<input type="checkbox"/>	Sat PM	<input type="checkbox"/>

<b>Attendee Number : 09</b>												
Type / Designation:	Nurse		Admin / manager		Ocularist		Optometrist					
	Assistant		Allied Health		Orthoptist		Other (Please specify)					
<b>Attendee</b>	HPCSA / Reg no				ID / Passport no							
<b>Surname (*)</b>							Title					
First name							Initials					
Mobile tel							Gender					
E-mail (*)												
** Dietary Requirements: Strict halaal and strict kosher meals must be ordered @ R450 - R480 / meal												
None	<input type="checkbox"/>	Halaal R450-480 / meal	<input type="checkbox"/>	Kosher R450-480 / meal	<input type="checkbox"/>	Food allergy (Specify)						<input type="checkbox"/>
Mark the programme days & events that you plan on attending	2 - Day congress		Main Program			Welcome Cocktail		SASCERS dinner				
	Fri & Sat	<input type="checkbox"/>	Fri	<input type="checkbox"/>	Sat	<input type="checkbox"/>	Sun	<input type="checkbox"/>	Fri PM	<input type="checkbox"/>	Sat PM	<input type="checkbox"/>

<b>Attendee Number : 10</b>												
Type / Designation:	Nurse		Admin / manager		Ocularist		Optometrist					
	Assistant		Allied Health		Orthoptist		Other (Please specify)					
<b>Attendee</b>	HPCSA / Reg no				ID / Passport no							
<b>Surname (*)</b>							Title					
First name							Initials					
Mobile tel							Gender					
E-mail (*)												
** Dietary Requirements: Strict halaal and strict kosher meals must be ordered @ R450 - R480 / meal												
None	<input type="checkbox"/>	Halaal R450-480 / meal	<input type="checkbox"/>	Kosher R450-480 / meal	<input type="checkbox"/>	Food allergy (Specify)						<input type="checkbox"/>
Mark the programme days & events that you plan on attending	2 - Day congress		Main Program			Welcome Cocktail		SASCERS dinner				
	Fri & Sat	<input type="checkbox"/>	Fri	<input type="checkbox"/>	Sat	<input type="checkbox"/>	Sun	<input type="checkbox"/>	Fri PM	<input type="checkbox"/>	Sat PM	<input type="checkbox"/>