

## South African Paediatric Association & South African Association of Paediatric Surgeons Biennial Congress

31 August - 4 September 2016

Elangeni & Maharani Hotel, Durban

www.sapasaaps2016.co.za













## **REGISTRATION FORM FOR FULL CONGRESS**

Please complete and return to claries@londocor.co.Za or Fax: 011 954 6100

Title: First Name:	First Name: Surname:		
HPCSA no: Tel no:		Cell no:	
Profession:	E-mail:		
Postal address:		Postal code:	
Special meal requirements: Strict Halaal Kosher Vegetarian Other:			
REGISTRATION CATEGORY	Late Registratio From 16 May 20		
Member SAPA SAAPS USANA SASPID P	ANDA SA	R4 400.00	
Non-Members	R4 700.00	R5 000.00	
Registrars / Allied Health Professionals / Nurses	R2 500.00	R2 800.00	
Day Registration *Thursday 1 Sept 2016 *Friday 2 Sept 2016 *Saturday 3 Sept 2016 *Sunday 4 Sept 2016	R1 800.00 R1 800.00 R1 800.00 R1 800.00	R2 100.00 R2 100.00 R2 100.00 R2 100.00	
<b>Trade</b> (Each stand qualifies for x2 free registrations) Additional Trade	R2 500.00	R2 500.00	
Social Events (For delegates) Cocktail Function - Thursday 1 Sep (Included in registra Congress Dinner - Saturday 3 Sep	ation fee)		R0.00 R350.00
Partners and Spouses (For social functions only) Cocktail Function - Thursday 1 Sep Congress Dinner - Saturday 3 Sep	Yes Yes	□ No □ No	R150.00 R400.00
PAYMENT INSTRUCTIONS  Electronic transfer (EFT)  Please use your surname as a reference number when submitting the payment.			
	Account type: Savings Account Number: 9284258577		<b>de:</b> 632005
Payment by Credit Card (Visa & Master Cards only)			
Name of card holder:	·	Type of card:	
Card number:		Last 3 digits on back of card:	
Expiry date: Signature of card holder:			

For more information please contact Londocor, Claries du Plessis Tel: 011 954 5753 OR E-mail: claries@londocor.co.za