



ENT/SAAA CONGRESS 2010

To register online please go to www.entsociety.co.za/www.audiologysa.co.za

REGISTRATION FORM *for delegates not able to register online*

| 1. DELEGATE REGISTRATION DETAILS | | | | | | | | | | www.entsociety.co.za/ www.audiologysa.co.za | | | |
|---|------------|------------------|------------------|------------------------|-------------|------------------|--------------|--------------|-----|---|--|--|--|
| Name | | | | Title | | Dr | Prof | Mr | Mrs | Ms | | | |
| Surname | | | | | | | | | | | | | |
| Organisation | | | | | | | | | | | | | |
| Postal Address | | | | | | | | | | | | | |
| City | | | | | Postal Code | | | | | | | | |
| Province | | | | | Country | | | | | | | | |
| Tel | | | | | Fax | | | | | | | | |
| Cell Number | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | |
| HPCSA Number# | | | | | | | | | | | | | |
| Please indicate your society | | ENT | SAHNOS | SAAA | SASLHA | SHAA | Membership # | | | | | | |
| Spouse / Partner Full Name | | | | | Cell Number | | | | | | | | |
| 2. A: REGISTRATION FEES: MEMBERS | | | | Early Reg | | Late Reg | | Last Minute | | | | | |
| (all fees include VAT) | | | | Book & Pay | | Book & Pay | | Book & Pay | | | | | |
| | | | | Before 31 Aug | | After 31 Aug | | After 15 Oct | | | | | |
| ENT Full Congress Registration | | | | R 3 200.00 | | R 3 650.00 | | R 4 350.00 | | | | | |
| SAHNOS Full Congress Registration <i>(ends Tuesday at 13:00)</i> | | | | R 3 200.00 | | R 3 650.00 | | R 4 350.00 | | | | | |
| SAAA/SASLHA/SHAA Full Congress Registration | | | | R 2 600.00 | | R 3 000.00 | | R 3 600.00 | | | | | |
| ENT/SAHNOS Day Registration | | 25 th | 26 th | R 1 950.00 | | R 2 050.00 | | R 2 150.00 | | | | | |
| SAAA/SASLHA/SHAA Day Registration | | 25 th | 26 th | R 1 500.00 | | R 1 600.00 | | R 1 700.00 | | | | | |
| B: REGISTRATION FEES: NON-MEMBERS (all fees include VAT) | | | | | | | | | | | | | |
| ENT Full Congress Registration | | | | R 5 700.00 | | R 6 150.00 | | R 6 850.00 | | | | | |
| SAHNOS Full Congress Registration <i>(ends Tuesday at 13:00)</i> | | | | R 3 200.00 | | R 3 650.00 | | R 4 350.00 | | | | | |
| SAAA/SASLHA/SHAA Full Congress Registration | | | | R 3 100.00 | | R 3 500.00 | | R 4 100.00 | | | | | |
| ENT/SAHNOS Day Registration | | 25 th | 26 th | R 2 200.00 | | R 2 300.00 | | R 2 400.00 | | | | | |
| SAAA/SASLHA/SHAA Day Registration | | 25 th | 26 th | R 1 750.00 | | R 1 850.00 | | R 1 950.00 | | | | | |
| C: REGISTRATION FEES: OTHER (all fees include VAT) | | | | | | | | | | | | | |
| Registrar & Student Full Congress Registration (undergrad only) | | | | | | | | R 1 950.00 | | | | | |
| Trade Full Registration | | | | | | | | R 2 280.00 | | | | | |
| 3. SOCIAL FUNCTIONS | | | | | | | | | | | | | |
| Welcome Function – Sunday 24 October 2010 | | | | | | | | Included | | | | | |
| Gala Dinner Delegate – Tuesday 26 October 2010 | | | | | | | | R 100.00 | | | | | |
| Gala Dinner Partner/Spouse – Tuesday 26 October 2010 | | | | | | | | R 300.00 | | | | | |
| 4. WORKSHOPS | | | | | | | | | | | | | |
| Tinnitus & Hyperacusis: Assessment & Management Workshop – Sunday 24 October 2010: Members | | | | | | | | R 200.00 | | | | | |
| Tinnitus & Hyperacusis: Assessment & Management Workshop – Sunday 24 October 2010: Non Members | | | | | | | | R 250.00 | | | | | |
| Laryngeal Framework Instructional Course – Saturday 23 October 2010 | | | | | | | | R 500.00 | | | | | |
| Stroboscopy Practice & Pitfalls - Sunday 24 October 2010 | | | | | | | | R 500.00 | | | | | |
| 5. TRANSPORT (Please indicate times) | | | | | | | | | | | | | |
| Transport from Durban's La Mercy International Airport to Champagne Sports Resort & Return | | | | | | | | R 300.00 | | | | | |
| Saturday 10:30 | | Saturday 15:30 | | Sunday 10:30 | | Return Wed 14:00 | | | | | | | |
| TOTAL | | | | | | | | | | | | | |
| 6. DIETARY REQUIREMENTS | | | | | | | | | | | | | |
| None | Vegetarian | Halaal | Diabetic | Other (please specify) | | | | | | | | | |
| 7. PAYMENT METHODS | | | | | | | | | | | | | |

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|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|
| Card No | | | | Expiry Date | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Type of Card | | | | Last 3 digits on back of card or last 4 digits for AMEX | | | |
| VISA | Mastercard | AMEX | Diners Club | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|------------------------|--|-------------------------------------|
| ONLINE PAYMENT: | www.entsociety.co.za/www.audiologysa.co.za | REGISTER AND PAY ONLINE |
| EFT or DIRECT DEPOSIT: | Account Name: Congress Account 5 | Branch: Rink Street, Port Elizabeth |
| | Bank: First National Bank | Account Number: 62081111842 |
| | Branch Code: 210317 | |

Please fax this form to Michelle Kielblock Eastern Sun Events 041-3732042 or Email michelle@easternsun.co.za