

2019 SASHG » Conference



4 – 6 AUGUST 2019 | CENTURY CITY CONFERENCE CENTRE

3 August: Young Researchers Symposium
3 – 6 August: SASHG 2019 Conference

REGISTRATION FORM

Please complete and return BEFORE 29 May 2019 (early) or 05 July 2019 (late) to:
Lebo Molapo, SASHG 2019 Conference, P O BOX 19063, 7505 TYGERBERG, SOUTH AFRICA.
TEL: +27-21-938 9082 or FAX: +27-21-938-9855 EMAIL: consult@consultus.co.za

PARTICIPANT DETAILS – PLEASE USE BLOCK LETTERS

Title Prof Dr Mr Ms

Surname and Initials _____ First Name for badge _____

Organisation _____

Full Postal Address _____

Postal Code _____ City _____ Country _____

Telephone Number () _____ Fax () _____

E-Mail _____

MP NUMBER _____

COURSE REGISTRATION FEES	EARLY (PAYMENT UP TO 29 MAY 2019)	LATE (PAYMENT AFTER 29 MAY 2019 AND BEFORE 05 JULY 2019)	TOTAL
MEMBERS	R 4 500	R 6 000	
NON-MEMBER	R 5 200	R 6 700	
Student Members	R 3 500	R 5 000	
Student Non-Members	R 3 800	R 5 300	
Student Young Researchers Day (Intaka Island) 03 August	R 200	R 200	
For Day Registration only: Indicate day of attendance			
Members day registration:	R2 500 per day		
Non Members day registration:	R3 000 per day		
Student members day registration:	R2 000 per day		
Student non-members day registration:	R2 250 per day		
<input type="checkbox"/> 4 August <input type="checkbox"/> 5 August <input type="checkbox"/> 6 August			
Welcome function - 3 August: Delegates: attendance included in registration fee Partner R300.00			
Gala Dinner - 5 August 2019 Delegates R350.00 Partner R500.00			

Please state any food preference eg: Halaal, Kosher, Vegetarian _____

Please indicate Method of Payment

Account details for direct transfer payments:

BANK DETAILS

Bankers: **ABSA Bank** | Bank Address: **21 McIntyre Street, Parow, 7500, S.A.** | Branch Code: **502110** | EFT Code: (SA use only): **632005**
Account name: **SASHG conference** | Bank Account no: **9345642734** | Swift Code: **ABSAZAJJ**

SIGNATURE _____

DATE _____