



INTERNATIONAL ANXIETY DISORDERS SYMPOSIUM

SOUTH AFRICA

1-2 MAY 2010

REGISTRATION FORM

Spier Estate, Stellenbosch, Western Cape

www.sasop.co.za

Please complete and return **BEFORE 28 April 2010** to:
Londocor Public Relations & Event Management
 Tel: +27 11 768 4355 or Fax: +27 11 768 1174 or E-mail: sonja@londocor.co.za

PARTICIPANT DETAILS. PLEASE USE BLOCK LETTERS

Title: Surname: First Name:

HPCSA no: Telephone Number: (.....).....

Fax Number: (.....)..... Cell Number: (.....).....

Email:

Physical Address (W):

.....

City: Country:

Special Meal Requirements: Halaal Kosher Vegetarian Other:

ACCOMPANYING PERSON (PARTNER / SPOUSE)

Title: Surname: First Name:

CONFERENCE REGISTRATION FEES

	<input type="checkbox"/> EARLY (Before 15/02/10)	<input type="checkbox"/> LATE (Before 16/04/10)
Specialists (Local)	<input type="checkbox"/> ZAR 1 650.00	<input type="checkbox"/> ZAR 2 200.00
Specialists (International)	<input type="checkbox"/> ZAR 2 200.00	<input type="checkbox"/> ZAR 2 750.00
Day Registration Fee (Local) <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> ZAR 1 000.00	<input type="checkbox"/> ZAR 1 300.00
Day Registration Fee (International) <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> ZAR 1 300.00	<input type="checkbox"/> ZAR 1 500.00
Registrar / Student Fee	<input type="checkbox"/> ZAR 1 200.00	<input type="checkbox"/> ZAR 1 400.00
Trade (2 Free registrations per stand)	<input type="checkbox"/> ZAR 1 000.00	<input type="checkbox"/> ZAR 1 000.00
Partner / Spouse Fee (For cocktail function only)	<input type="checkbox"/> ZAR 300.00	<input type="checkbox"/> ZAR 400.00
Delegates attending cocktail fuction <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ZAR 00.00	<input type="checkbox"/> ZAR 00.00

Total amount payable:

PAYMENT DETAILS

Bank: ABSA Branch: Horison Branch Code: 630 841

Account Name: IADS 2010 Account No: 4074209903

Please fax proof of payment to Londocor Public Relations & Event Management on (+27) 11 768 1174

CREDIT CARD DETAILS

Name of card holder: Type of card: (Master & Visa card only)

Card number: Last 3 digits on back of card:

Expiry date: Signature of card holder:

CANCELLATION POLICY

Neither the Organising Committee nor Londocor will be held responsible for the cancellation of registration. Written notice of cancellation must be received by the congress organiser via email, fax or letter no later than 02 April 2010 and a R350 administration fee will be payable. No refunds of registration fees will be made after

Website: www.sasop.co.za

