

SASOP CONGRESS 2010 REGISTRATION FORM

16 - 20 October 2010 East London ICC

Please complete the following and return with your credit card details or proof of payment to the Congress Secretariat on fax: +27 11 768 1174 or +27 11 768 6750
OR register on-line at www.sasop.co.za

Title: Name: Surname:

Tel: Fax: Cell:

E-mail address: HPCSA no:

Postal address:

Special meal requirements (if applicable):

Partner/Spouse Title: First name: Surname:

REGISTRATION CATEGORIES	EARLY (BY 30 AUG 2010)	LATE (FROM 01 SEPT 2010)
SPECIALISTS		
● SASOP Members	<input type="checkbox"/> R2 500.00	<input type="checkbox"/> R3 000.00
● Non SASOP Members	<input type="checkbox"/> R3 000.00	<input type="checkbox"/> R3 500.00
REGISTRARS		
● SASOP Members	<input type="checkbox"/> R1 500.00	<input type="checkbox"/> R2 000.00
● Non SASOP Members	<input type="checkbox"/> R2 000.00	<input type="checkbox"/> R2 500.00
GPS & NEUROLOGISTS	<input type="checkbox"/> R2 500.00	<input type="checkbox"/> R3 000.00
OTHERS		
● (Mental health workers, nurses, psychologists, social workers etc)	<input type="checkbox"/> R1 500.00	<input type="checkbox"/> R2 000.00
DAY REGISTRATION ONLY	<input type="checkbox"/> R1 200.00	<input type="checkbox"/> R1 400.00
● All categories		
PRE CONGRESS WORKSHOPS (Saturday 16 Oct) 14h30 - 16h30		
a. Neurology skills for psychiatrists	<input type="checkbox"/> R 250.00	<input type="checkbox"/> R 450.00
b. HIV in Africa: its impact on mental health	<input type="checkbox"/> R 250.00	<input type="checkbox"/> R 450.00
TRADE (x2 free registrations per stand)		
● Additional trade delegate	<input type="checkbox"/> R1 000.00	<input type="checkbox"/> R1 200.00
SOCIAL FUNCTIONS		
● Cocktail function (all delegates)	<input type="checkbox"/> R 000.00	<input type="checkbox"/> R 000.00
● Gala dinner (all delegates)	<input type="checkbox"/> R 300.00	<input type="checkbox"/> R 300.00
● Partner / Spouse		
Cocktail function	<input type="checkbox"/> R 200.00	<input type="checkbox"/> R 200.00
Gala dinner	<input type="checkbox"/> R 400.00	<input type="checkbox"/> R 400.00

FOR PAYMENT BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

Name of Cardholder: Type of card (Master or Visa)

Exp date: Card no:

Last 3 digits on the back Signature of cardholder:

FOR PAYMENT BY ELECTRONIC TRANSFER / BANK DEPOSIT:

- Name of account: SASOP Eastern Cape Subgroup Congress 2010
- Branch: FNB (First National Bank)
- Account number: 62199986830
- Branch code: 210-221

CONGRESS ORGANISERS: TEL: +27 11 768 4355 OR E-MAIL: sonja@londocor.co.za